

Clean Fuels ASSOCIATES



BENEFITS PLAN OVERVIEW

2017

WELCOME

Clean Fuels takes pride in offering a comprehensive and competitive benefits package to its employees. Clean Fuels, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.

Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and choose the benefits package that will best meet your and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired.

Clean Fuels reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this brochure as accurate as possible. However, should there be a discrepancy between this brochure and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written description in the insurance contracts will always govern.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through February 28th of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

Marriage	Death of a Spouse
Divorce	Death of a Dependent
Birth & Adoption	Loss of Dependent Status
Loss of Spouse's job where coverage is maintained through a spouse's plan	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

MEDICAL BENEFITS

Clean Fuels has partnered with CBIZ, our broker, to provide you and your family a broad access to high-quality healthcare providers both regionally and nationwide. Clean Fuels is offering one Open Access PPO Health plan. This plan is administered by CareFirst BlueCross BlueShield with a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalization. Depending upon



the type of service, whether it be a routine office visit, a trip to the emergency room, or any other medical service under the plan, your medical plan shares the cost of care with you in different ways.

Please see the summary on Page 2 for specific plan details. Clean Fuels shares the cost with their employees.

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MEDICAL BENEFITS DESCRIPTION

CareFirst BlueChoice Advantage Gold		
	In-Network	Out-of-Network
Deductible (Contract Year):		
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out of Pocket Maximum (Contract Year):		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Office Visits:		
Preventive Care	No Charge	Deductible, then \$0
Primary Care Physician	\$15	Deductible, then \$50
Specialist	\$30	Deductible, then \$50
Urgent Care	\$50 per visit	\$50 per visit
Lab /X-ray (free standing)	\$15 / \$30 per visit	Deductible, then \$65 \$80 per visit
Hospitalization:		
Outpatient Facility– Non-hospital	\$200 per visit	Deductible, then \$300
Outpatient Facility– Hospital	Deductible, then \$300	Deductible, then \$400
Inpatient– Facility	Deductible, then \$400	Deductible, then \$500
Home Health Care	No Charge	Deductible, then \$50 per visit
Emergency Room (Waived if admitted)	Deductible, then \$250 per visit	
Prescription Drugs:		
Annual Prescription Drug Deductible	\$250 per person	
Preventive Drugs	No Charge	
Oral Chemo Drugs and Diabetic Supplies	No Charge	
Generic Drugs	\$10 Copay 30-day supply	
Preferred Brand Drugs	Deductible, then \$45 Copay 30-day supply	
Non-preferred Brand Drugs	Deductible, then \$65 Copay 30-day supply	
Specialty Drugs	Deductible, then 50% up to \$150 30-day supply	Not Covered
Mail Order (Maintenance drugs only)	Deductible, then 2 x copay (up to 90 day supply)	
Participating Provider Network	www.carefirst.com (or login to MyAccount) If you live in MD, DC or Northern VA search the BlueChoice Network. All Others BluePreferred	

Out of Network is reimbursed at the Allowable Charge.



DENTAL BENEFITS



Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. The MetLife Dental plan provides affordable coverage based on the type of services obtained –

Preventive, Basic or Major – whether or not you obtain services from a network or out-of-network provider.

Under this plan, you may obtain covered services from any dentist. However, if an out-of-network provider is used, reimbursement is based on MetLife's usual and customary reasonable charge. Employees who use dentists or dental specialists that are part of MetLife's Provider Network (*participating Dental Provider*) will see reduced or eliminated out-of-pocket expenses.

A complete provider directory can be accessed online at www.metlifecom.

	MetLife Dental	
	In-network	Out-of-network
Annual Maximum (Calendar Year) <i>(per covered individual)</i>	\$1,750	
Deductible (Calendar Year)		
- Individual	\$50	
- Family	\$150	
Preventive (Type A) <i>Cleanings, Oral Exam, Fluoride (up to age 14), X-Rays, Sealants</i>	100%	100%
Basic (Type B) <i>Basic Restorative, Simple Extractions, Prosthetic Maintenance, Palliative Emergency Dental Care</i>	80%	80%
Major (Type C) <i>Repairs, General Anesthesia, Implants, Bridges, Dentures, Crowns/Inlays/Onlays</i>	50%	50%



VISION BENEFITS



All full-time, regular employees are eligible to sign up for vision coverage, which allows participants to get an examination annually and lenses and contact lenses every 12 months; frames every 24 months.

Participants have the option of receiving care from a network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses. www.metlife.com

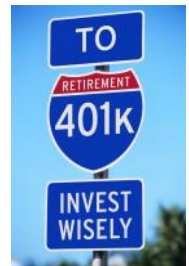
MetLife Vision		
	In-network	Out-of-network
Copayments		
Examination	\$10 Copay	\$45 allowance
Materials	\$25 Copay, Allowances may apply	Allowance may apply
Frequency of Service		
Vision Exam	12 Months	
Lenses, Frames, Contact Lenses*	12 Months (24 for frames)	
Lenses (pair)		
Standard Single Vision	\$25 Copay	Up to \$30 Allowance
Standard Bifocal	\$25 Copay	Up to \$50 Allowance
Standard Trifocal	\$25 Copay	Up to \$65 Allowance
Standard Lenticular	\$25 Copay	Up to \$100 Allowance
Standard Progressive	\$25, Limits apply	Up to \$50 Allowance
Frames	Up to \$130 Allowance after copay	Up to \$70 Allowance
Contact Lenses	Up to \$130 allowance (Covered at 100% after copay if medically necessary)	Up to \$105-\$210 Allowance if medically necessary
Lasik Surgery	Discounts averaging 15% off the regular price or 5% off a promo offer	Not Covered

Value Added Features: Additional Lens Options, Additional Glasses and Sunglasses—Average 20-25% savings.

RETIREMENT: 401(K)

Clean Fuel's 401(k) Plan is available to all employees once they complete the eligibility period. You may contribute up to 100% of your pay to a maximum of \$18,000 for this 2017 plan year. If you are age 50 or older, you are entitled to contribute an additional "catch-up" contribution. The maximum catch-up contribution amount for 2017 is \$6,000.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income.



BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Clean Fuels offers its employees Basic life insurance and AD&D coverage through MetLife at **no cost** to you. Eligible employees receive Basic Life Insurance of \$25,000. Accidental Death and Dismemberment Insurance provides a benefit equal to your basic life insurance in the event of death or dismemberment resulting from a covered accident. At age 65, the benefit begins to reduce. Please see plan summary for more details.



VOLUNTARY LIFE/AD&D, SPOUSE, CHILD

Additional life insurance is available for purchase through Met Life for yourself, spouse and/or children on a voluntary basis.

Employee Life/AD&D Insurance

- Benefit Amount: Increments of \$10,000, up to the lesser of 5 x annual earnings or \$500,000
- AD&D Benefit (matches Life)

If you purchase coverage for yourself, then you can also purchase coverage for your eligible dependents.

Spouse Life/AD&D Insurance

- Benefit Amount: Increments of \$5,000 up to \$100,000 maximum

Child Life/AD&D Insurance

- Benefit Amount: Flat Amount of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
- Age Limit: 19, or age 26 if full-time student (Children under 6 months have a limited benefit)

Coverage in excess of the guarantee issue amount will require medical evidence of insurability; guarantee issue is only available during your initial enrollment period.

Coverage is **VOLUNTARY and paid 100% by the employee via payroll deduction**. Rates are based upon your age and the amount of coverage approved. Please contact HR for further information and enrollment form.

DISABILITY INSURANCE

Clean Fuels offers its employees Short Term Disability (**100% Employer Paid**), and the option to purchase Long Term Disability coverage at group rates through payroll deductions. The plans work together to help replace a portion of your income if you are unable to work for an extended period of time due to sickness or accidental injury.

Short Term Disability (STD): This benefit covers up to 60% of your pre-disability earnings up to a maximum of your weekly earnings, to \$1,500 per week. Short Term Disability benefits begin on the 7th day of sickness or illness. Benefit continues as long as you are disabled up to a maximum of 12 weeks of disability.

Long Term Disability (LTD): This benefit covers up to 60% of your pre-disability earnings up to a maximum of your monthly earnings to \$6,000 per month. Long Term Disability benefits begin after the 90th day of disability. Pre-existing condition limitations apply during the first 12 months of coverage. LTD Coverage is **VOLUNTARY and paid 100% by the employee via payroll deduction**. Rates are based upon your age and the amount of coverage approved. Please contact HR for further information and enrollment form.

EMPLOYEE ASSISTANCE PROGRAM

MetLife's Employee Assistance Program (EAP) provides access to telephonic or web-video consultations. The program offers coverage to both employees and their families:

- Up to three consultations with a licensed clinician per incident, per individual, per calendar year covering a broad range of issues including Marriage/Relationship, Problems at Work, Changes in Mood, Stress/Anxiety, Health & Wellness
- Telephonic consultations also available for Financial Services, Childcare/Eldercare Assistance, Identity Theft Recovery, Legal Services, Daily Living Services, Online Member Services.

Services are provided by MHN, one of the nation's premier providers of EAP services, with a national network of more than 50,000 practitioners. MHN's staff provides immediate crisis resolution, information and referrals to appropriate counseling and support services. Licensed staff clinicians with crisis intervention expertise, including bilingual Spanish-/English-speaking staff, are available to handle emergency or urgent need cases.

Some restrictions may apply to all of the above-mentioned services.

Call 1-800-511-3920
TDD callers can call 1-800-327-0801



See HR For more details.

TRAVEL ASSISTANCE SERVICES

Whether your travel is for business or personal reasons, worldwide emergency travel assistance program goes with you when you travel to a foreign country or just 100 miles or more from home. This program is for yourself, your spouse or your dependent children need immediate assistance anywhere in the world*

Services are available for simple to extreme travel emergencies:

- Hospital admissions validation
- Lost Luggage
- Identity Theft
- Prescription transfer
- Transportation for a friend or family member to join the hospitalized patient.



*Employees are covered for business or personal travel, spouses and dependent children are covered for personal travel only.

COMPLIANCE NOTICES:

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the 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 insurers 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/96 hours.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 1.800.433.5768.



IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Clean Fuels and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Clean Fuels has determined that the prescription drug coverage offered by CareFirst is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current CareFirst coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current CareFirst coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Clean Fuels and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Clean Fuels changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	MINNESOTA – Medicaid Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739
GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
IOWA – Medicaid Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – Medicaid and CHIP	TEXAS – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethiptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid	UTAH – Medicaid and CHIP
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	VERMONT– Medicaid
Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
OKLAHOMA – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid	WEST VIRGINIA – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
PENNSYLVANIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
RHODE ISLAND – Medicaid	WYOMING – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
SOUTH CAROLINA – Medicaid	
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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 12/31/2019)

