



**THIS NOTICE IS REQUIRED BY LAW.  
NO ACTION IS REQUIRED BY YOU.**

**NOTICE OF MATERIAL MODIFICATIONS**  
to the benefit plans of E. I. du Pont de Nemours & Co.  
including subsidiary legal entities

*DuPont is required to tell you about certain changes to its benefits plans either by revising the Summary Plan Descriptions (SPDs) or by a notice of material modifications. You should keep this notice with your current SPDs until a revised SPD that includes this information is issued. This notice covers only changes to Plan terms and conditions since the last Summary Plan Descriptions were issued. It does not include changes in administrative practices, such as the price changes for the BeneFlex offerings. You may not be a participant in all of these plans, so some of this information may not apply to you. If you have any questions about this notice, contact DuPont Connection at 1-800-775-5955 or online at [www.resources.hewitt.com/dupont/](http://www.resources.hewitt.com/dupont/).*

**BENEFLEX MEDICAL CARE PLAN; MEDICAL CARE ASSISTANCE PROGRAM**

- **Effective January 1, 2017, infertility coverage has been updated and expanded to include treatment for male infertility factors and Applied Behavioral Analysis for the treatment of autism spectrum disorder.**

The “*Covered Services*” section which describes “*Infertility services*”, pages 18 and 16, has been replaced with the following:

- **Infertility services**
  - The patient must be a covered employee or a covered spouse. Infertility treatment for women who have previously undergone a hysterectomy or are infertile due to natural menopause at age 40 years and older, and reversal of voluntary sterilization for men or women is excluded from coverage.
  - All treatments require advance approval by your medical carrier. Extensive coverage limitations and exclusions apply; call your medical carrier for details. All treatments are subject to the per family lifetime infertility and in vitro fertilization maximums of \$15,000 for medical services and \$10,000 for prescription medications. All charges included as any infertility treatment, including charges for artificial donor insemination, prior to meeting the infertility designation criteria are excluded from coverage.
  - The Plan’s infertility designation requires that the patient must have been unable to conceive or produce conception after one year of frequent, unprotected heterosexual sexual intercourse (six months for woman aged 35 and older) with a male partner. Alternatively, a woman without a male partner may be considered infertile if she is unable to conceive or produce conception after at least twelve cycles of donor insemination or equivalent infertility treatment procedures such as IVF (six cycles for women aged 35 and older). A male without a female partner may be considered infertile if he is unable to produce conception after at least 2 abnormal semen analyses obtained at least 2 weeks apart
  - Covered services include:
    - Surgical reconstruction procedures and associated medically necessary charges;
    - Charges included as part of an in vitro fertilization program, except that no payments will be made in connection with the purchase of donor sperm or preservation of sperm,
    - Charges included as part of hormonal dysfunction treatment or infertility treatment,

**January 2017**

The “***Covered Services***” section, pages 18 and 16, has been expanded to include:

- Applied Behavioral Analysis therapy for the treatment of autism spectrum disorder. Call ComPsych at 1-800-435-7266 to review medical necessity and identify network providers. All treatment must be approved by ComPsych.

- **The BeneFlex Medical Care Plan and the Medical Care Assistance Plan SPDs have been updated to clarify coverage for Transgender Reassignment surgery.**

The “***Covered Services***” sections, pages 18 and 16, have been expanded to include:

- Charges in connection with a medically necessary Transgender Reassignment surgery. Contact your carrier prior to surgery to ensure your planned surgery qualifies for coverage. Related cosmetic procedures and surgeries and prosthetic devices are excluded from coverage.

- **The BeneFlex Medical Care Plan and the Medical Care Assistance Plan SPDs have been updated to clarify coverage for newborn infant care and lactation counseling.**

The “***Covered Services***” sections on “***Maternity Care***”, pages 19 and 17, have been updated as follows:

- Newborn infant care. Note that the child must be added to coverage within 31 days of birth in order to receive benefits retroactive to the date of birth.
- Lactation counseling

- **The BeneFlex Medical Care Plan and the Medical Care Assistance Plan SPDs have been updated to clarify how coupons and other financial assistance impact benefits.**

The “***Cost-Sharing Program Design Provisions***” sections, pages 10 and 8, have been updated to add the following information:

***How Financial Assistance Impacts Cost-sharing*** – When you receive financial assistance in paying for your care, including coupons for prescription drugs, the amount of the financial assistance may be applied towards the total allowed cost. For example, if you use a \$500 coupon to purchase a \$600 specialty medication, the cost of the drug is reduced to \$100 after the coupon. The \$500 coupon value does not apply to your deductible or your maximum out-of-pocket stop loss.

- **The BeneFlex Medical Care Plan has been updated to permit changes in medical plan options as a result of a Qualifying Life Event.**

The “***Qualifying Life Events***” section on page 8 has been updated as follows:

You can change your benefits elections anytime during the year under certain Qualifying Life Events. Your change must be consistent with and on account of your Qualifying Life Event and not for financial reasons. ~~Changes to ...options.~~

- **The Medical Care Assistance Plan SPD has been updated to include 2017 premiums and participation information for Pensioners and Survivors of DuPont legal entities.**

The chart on page 5 of the section titled “***Participating in the Program Prior to Becoming Eligible for Medicare***” has been updated as follows:

Medical Option	Coverage Level	2017 Standard Monthly Premium Rates for Retirees	
		DuPont (Parent Co.); Pioneer; Genencor (Grandfathered Employees)	Solae; MECS; Puerto Rico
Core	You Only	\$205	Call DuPont Connection at 1-800-775-5955 for Premium Information and Medical Options.
	You + Spouse	\$415	
Premium Saver	You Only	\$170	
	You + Spouse	\$340	
Other Medical Options or Levels		Call DuPont Connection at 1-800-775-5955 for Premium Information and Medical	

Your premiums may differ from those shown above based on various factors such as your age and service at retirement. You will be provided with a personalized statement of premiums on an annual basis. Note that Danisco Pensioners receive post-employment medical coverage in the BeneFlex Medical Care Plan in lieu of the Medical Care Assistance Plan, with coverage ending at age 65.

The section titled “**About prorated premiums**” on page 6 has been updated to include the following information:

The information provided in this section applies only to DuPont (parent Company), and Genencor (grandfathered employees). No premium proration applies to Pioneer Pensioners and Survivors. Solae and MECS participants should call DuPont Connection at 1-800-775-5955 for medical option and premium information.

The section titled “**When you or your covered dependent(s) reach age 65 or become eligible for Medicare**” on page 6 has been updated to include the following information:

The information provided in this section applies only to DuPont (parent Company and Puerto Rico), Pioneer (including Puerto Rico), Genencor (grandfathered employees), and MECS participants. Your HRA Company contribution may differ from those shown above based on various factors such as your Company, age and service at retirement. Solae retiree medical coverage ends at age 65; therefore, no Company HRA contribution is provided.

The section titled “**Mail Service home delivery program for Specialty Medications**” on page 24 has been replaced with the section titled “**Specialty Medications**” below to provide additional clarification on how claims are handled:

## Specialty Medications

Specialty medications are drugs that are used to treat complex conditions, such as anemia, growth hormone deficiency, hemophilia, hepatitis C, multiple sclerosis, and rheumatoid arthritis. Some cholesterol medications (PCSK9 inhibitors) may also be considered specialty medications. Whether they’re administered by a health care professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. These drugs are complex to use and expensive, and your therapy could require frequent adjustments to your doses and intensive clinical monitoring.

Express Scripts manages specialty medications through Accredo. You may contact Accredo at 1-800-803-2523 to confirm whether the medications you are taking are considered specialty medications.

You can obtain these prescriptions through Accredo Health Group (1-800-793-8766), a subsidiary of Express Scripts. Accredo can assist you in getting your specialty medication prescription from your doctor's office, taking care of any authorizations that may be needed, filling the medication, and shipping it to your house or the doctor's office for administration.

You will pay the full retail cost for any self-administered and rare disease specialty medications not purchased through Accredo.

## DENTAL CARE ASSISTANCE PROGRAM

- **The Dental Care Assistance Program SPD has been updated to include 2017 premiums and participation information for Pensioners and Survivors of DuPont legal entities.**

The chart on page 10 of the section titled “*Premium costs for Pensioners and Survivors*” has been updated as follows:

	2017 Monthly Premium by Coverage Level			
Dental Plan Options	You Only	You + Spouse	You + Child(ren)	You + Family
Standard	\$16	\$30	\$33	\$51
Limited	\$0	\$0	\$0	\$0

Your premiums may differ from those shown above based on various factors such as your age and service at retirement. You will be provided with a personalized statement of premiums on an annual basis.

The section titled “**About prorated premiums**” on page 11 has been updated to include the following information:

The information provided in this section applies only to DuPont (parent Company U.S. and Puerto Rico) Pensioners and Survivors. No premium proration applies to Pioneer Pensioners and Survivors.

## MEDICAL CARE ASSISTANCE PROGRAM; DENTAL ASSISTANCE PLAN; BENEFLEX EMPLOYEE LIFE INSURANCE; CONTRIBUTORY GROUP LIFE INSURANCE; NONCONTRIBUTORY GROUP LIFE INSURANCE;

- **Effective January 1, 2017, eligibility was limited to employees who are age 50 or older on the earlier of November 30, 2018 or the effective date of the first intended independent company created following the proposed merger between DuPont and Dow.**

The *Eligibility* sections have been updated to include the following:

### *Eligible Pensioners and Survivors*

- You must be at least age 50 on the earlier of November 30, 2018 or the effective date of the first intended independent company created following the proposed merger between DuPont

and Dow. This age 50 eligibility rule applies in addition to the plan's existing requirements for employees of participating employers, which are summarized generally in the following chart.

	DuPont (Parent Co.)	DuPont Puerto Rico (DACI, DEMI)	Pioneer	Genencor	Solae	MECS
<b>Date Hired By</b>	1/1/2007	1/1/2007	1/1/2010	4/30/2002 (Eligibility requires age 40 with 5 years of service as of 4/30/2007)	1/1/2013	5/1/2002
<b>Minimum Age at Retirement</b>	50	50	55	62	55	55
<b>Minimum Service at Retirement</b>	15	15	5	10	2	10
<b>Retirement Health and Insurance Benefits</b>	Medical, Dental and Life Insurance	Medical and Dental	Medical, Dental and Life Insurance	Medical	Life Insurance	Medical

Note: Danisco and Genencor eligible Pensioners and Survivors (other than those noted in the table above) may be eligible to receive Company subsidized COBRA coverage in the active employee health plans at the active employee premium rates up to age 65, rather than coverage under the Medical Care Assistance Program and the Dental Assistance Plan. Solae Pensioners who meet the above eligibility criteria may be eligible to participate in a fully insured group medical plan up to age 65, with no Company subsidy.

**BENEFLEX MEDICAL CARE PLAN; BENEFLEX DENTAL CARE PLAN;  
BENEFLEX EMPLOYEE LIFE INSURANCE; CONTRIBUTORY GROUP LIFE  
INSURANCE; NONCONTRIBUTORY GROUP LIFE INSURANCE;**

- **Effective January 1, 2017, the severance benefits provided to employees who are terminated due to lack of work were updated.**

The section titled “*If you are terminated due to lack of work*” on page 33 of the BeneFlex medical Care Plan and page 22 of the BeneFlex Dental Care Plan has replaced as follows:

If your employment with the Company is terminated due to lack of work on or after January 1, 2017, you will be eligible for COBRA continuation coverage or the retiree coverage described in the section titled “*If you retire*”. The Company will subsidize your coverage premium for most coverage options so that you pay the active employee premium rates for a period of time equal to one month for every two years of service. A minimum subsidy period of six months and a maximum of twelve months applies. The premium subsidy does not apply to Pensioners or Survivors, or their covered dependents, who are eligible for Medicare and receive a Health Reimbursement Arrangement account from DuPont. Contact your HR Service Center for details.

The section titled “*If you are terminated due to lack of work*” on page 11 of the BeneFlex Employee Life Insurance Plan and the NonContributory and Contributory Life Insurance Plans SPDs has been replaced as follows:

Effective January 1, 2017, the Company provides the same life insurance continuation rights to employees who are terminated due to lack of work and to employees who voluntarily terminate or retire. Refer to the sections titled “*If you leave the Company*” and “*If you retire*” for details.

## **BENEFLEX FLEXIBLE BENEFIT PLAN; BENEFLEX VISION CARE PLAN**

- **Effective January 1, 2017, the plans were updated to allow new employees hired on or after November 1 to enroll in the BeneFlex Vision Care Plan for the current Plan Year.**

Page 5 of the BeneFlex Flexible Benefit Plan section titled “*Making BeneFlex elections*” has been updated as follows:

If you are hired on or after November 1, you may not elect ~~Vision Care or~~ Vacation Buying for the current Plan year.

Page 5 of the BeneFlex Vision Care Plan section titled “*Enrolling in the Plan*” has been updated to remove the following:

~~New employees hired before November 1 can enroll for the current year. Any new employee hired on November 1 or later must wait for the next BeneFlex Election Change Period to enroll.~~

## **CAREER TRANSITION PROGRAM**

**An updated Summary Plan Description dated November 2016 is included with this mailing.**

## **RETIREMENT SAVINGS PLAN**

- **Effective July 2016, Chemours stock was removed as an investment option from the plan.**

The Section titled “**Plan Expenses**” on page 10 is updated as follows:

...

A commission of 4 cents per share applies to all purchases and sales of E. I. du Pont de Nemours and Company common stock ~~and sales of Chemours, Inc. stock.~~

The Section titled “**Voting and Tender Rights**” on page 11 is updated as follows:

You will have the right to exercise any voting or tender decisions with respect to mutual fund shares and DuPont ~~or Chemours~~ stock held in your account. If there is a voting decision with respect to any mutual fund, you will receive a proxy from Merrill Lynch or directly from the mutual fund sponsor, along with instructions on how to vote.

For DuPont ~~or Chemours~~ stock, you will receive a proxy card from Merrill Lynch and you will be asked to return your proxy directly to Merrill Lynch. No one at the Company will be able to find out how you vote your shares. The Savings Plans Investment Committee is the fiduciary responsible for ensuring that these confidentiality procedures are followed. Except for a tender offer, if you do not return a proxy exercising your voting rights, the Investment Committee will hire an independent fiduciary to make the decision how to vote your DuPont shares. The independent fiduciary is the

fiduciary responsible for making voting decisions for shares of DuPont stock for which participant voting instructions are not exercised. ~~Any shares of Chemours stock not voted will be considered as if the participant has made an election not to vote.~~ For a tender offer, you are the fiduciary for your shares and if you do not return a tender election, your non-response will be considered an election of the default option.

➤ **Effective January 2017, in-plan Roth conversions are permitted under the plan.**

The Section titled “Your Contributions” on page 5 is updated as follows:

Effective January 1, 2014, Roth 401(k) Contributions are added as an eligible employee contribution type.

...

Effective January 1, 2017, in-plan Roth conversions are permitted under the plan. When you convert some or all of your plan assets to Roth 401(k) assets, you will be responsible for paying the taxes that are applicable to the type of contribution being converted such as Before-Tax Contributions, Company Matching Contributions, Retirement Savings Contributions, Rollovers, and earnings -- including earnings on any After-Tax Contributions that you convert. However, any earnings generated after the conversion are tax-free, provided you take a qualified distribution.

You may make Before-Tax, Roth 401(k), or After-Tax Contributions of 1% to 90% of your eligible compensation from the Company each payroll period you elect to participate in the Plan.

...

...

The Section titled “Rules Governing Withdrawals” on page 14 is updated as follows:

...

Your entire withdrawal, (other than any After-Tax and/or Roth 401(k) Contributions (and any earnings on your Roth 401(k) Contributions ~~subject to the following requirements: five years have elapsed since initial Roth contribution was made and you are at least age 59 ½, or you have become disabled or deceased~~)), will be includable in your taxable income. Earnings on your Roth 401(k) Contributions are not taxable provided you receive a qualified distribution. A qualified distribution is one that is taken (i) at least five tax years from the year of your first Roth 401(k) contribution; and (ii) on or after the date on which you reach age 59 ½ (or upon disability or death). For assets (principal) converted in an in-plan Roth conversion, a separate five-year holding period applies beginning on the first day of the year in which the conversion occurred and ending on the last day of the fifth year thereafter (counting the conversion year as the first year).

## **PENSION AND RETIREMENT PLAN**

- **In November 2016, DuPont announced that the pay and service amounts used to calculate the pension benefit for active employees who participate in the plan will stop growing (freeze) effective the earlier of November 30, 2018 or the effective date of the first intended**



independent company created following the proposed merger between DuPont and Dow. Employees who participate in the plan can get more information about the 2018 changes at <http://www.dupontretirementchanges.com/>

- In September 2016, a Voluntary Lump Sum Window Program was offered to a group of separated, vested plan participants. The offer was generally targeted to former employees of DuPont, Sentinel, Pioneer, ChemFirst and Solae (or a predecessor to one of these companies) who were fully vested in their pension benefits, but did not yet meet the age requirements under the Plan to start payments. Eligible participants were notified in August 2016 and were offered a limited-time opportunity to receive their benefit immediately in a single lump-sum payment or to commence their monthly pension annuity early (reduced for early commencement). Distributions under the program were made in late 2016.

#### OTHER LEGALLY REQUIRED NOTICES

The BeneFlex Medical Care Plan and the Medical Care Assistance Program comply with the provisions of the Women's Health and Cancer Rights Act concerning coverage for reconstructive surgery in connection with mastectomies. Specifically, the plan covers: reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of all stages of mastectomies, including lymphedemas.



## 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](http://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](http://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](http://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	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331">http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> P Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

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](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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