

# SEARS HOLDINGS

**To Sears Holdings Associates:**

Included is the following information about your benefits:

Item	Page	Explanation
<b>Summary Annual Report</b>	2-4	This report provides a summary of the most recent annual report filed with the Employee Benefits Security Administration for the listed plans. This report is required to be given to each benefit plan participant in accordance with federal regulations. To simplify the distribution, each benefit plan is included in the report; though you yourself may not be eligible for or enrolled in each of these plans at this time.
<b>Employee Welfare Benefit Plan: Notice of Changes to the Medical Plan</b>	4-5	This notice provides a summary of changes to the Sears Holdings Medical Plan that will become effective on January 1, 2018.
<b>Employee Welfare Benefit Plan: Notice of Changes to the Long Term Disability Plan</b>	5	This notice provides a summary of changes to the Sears Holdings Long Term Disability Plan that became effective on July 1, 2017.
<b>Notice of Changes to the Flexible Benefits Plan</b>	5	This notice provides a summary of changes to the Sears Holdings Flexible Benefits Plan that will become effective on January 1, 2018.
<b>Notice of Changes to the Savings Plan</b>	6	This notice summarizes certain changes to the Savings Plan that became effective in 2017 or will take effect in 2018, including updates to the 2018 annual contribution limits specified by the U.S. Internal Revenue Code.
<b>Enrollment Reminder: Associate Stock Purchase Plan</b>	6	This is an enrollment reminder regarding the Associate Stock Purchase Plan.
<b>Children's Health Insurance Program (CHIP) Notification</b>	7-9	This notice describes the relevant CHIP provisions and lists contact information for the states whose CHIP or Medicaid programs offer premium assistance.

Please keep this information for future reference. If you have any questions about this information, please call 88sears at **1-888-88sears (1-888-887-3277)**. Additional information about the Sears Holdings benefit plans is available on [www.88sears.com](http://www.88sears.com).

# SEARS HOLDINGS

3333 Beverly Road, D-707BEN  
Hoffman Estates, IL 60179

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**Contains important information about your Sears Holdings benefits**

# Summary Annual Report

The information below is applicable to U.S. and Puerto Rico active associates. Please note that some of this information may not be relevant to you.

This consolidated Summary Annual Report (SAR) is being distributed to Sears Holdings benefit plan participants as required by federal regulations. The SAR reflects 2016 financial activity relating to the listed Sears Holdings benefit plans. For you to be eligible for these benefit plans, various requirements need to be met, such as age, length of service and business unit in which you are or were employed. Therefore, the benefits that specifically apply to you depend on your individual situation. Please contact your human resources representative if you have any questions regarding eligibility for participation in Sears Holdings benefits.

**The Summary Annual Report is for information purposes only. You do not need to take any action.**

The SAR is a summary of the annual report (Form 5500) for the plans listed below for the period from 1/1/16 through 12/31/16. The annual reports have been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

PLAN NAME	BASIC FINANCIAL STATEMENT / INSURANCE INFORMATION
<p><b>SEARS HOLDINGS SAVINGS PLAN</b>            Plan Number: 002            EIN 20-1920798            Plan Year 1/1/16 – 12/31/16</p>	<p>Benefits under the plan are provided by a trust fund. Plan expenses were \$429,630,865. These expenses included \$429,272,156 in benefits paid to participants and beneficiaries, and \$358,709 in other expenses. A total of 132,651 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.</p> <p>The value of plan assets, after subtracting liabilities of the plan, was \$2,347,174,130 as of December 31, 2016, compared to \$2,549,123,612 as of January 1, 2016. During the plan year the plan experienced a decrease in its net assets of \$201,949,482. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$227,681,383, including employee contributions of \$77,253,945, earnings from investments of \$148,817,271, and other income of \$1,610,167.</p>
<p><b>SEARS HOLDINGS PUERTO RICO SAVINGS PLAN</b>            Plan Number: 003            EIN: 20-1920798            Plan Year: 1/1/16 – 12/31/16</p>	<p>Benefits under the plan are provided by a trust fund. Plan expenses were \$2,445,869. These expenses included \$2,444,639 in benefits paid to participants and beneficiaries, and \$1,230 in other expenses. A total of 5,775 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.</p> <p>The value of plan assets, after subtracting liabilities of the plan, was \$15,698,190 as of December 31, 2016, compared to \$16,256,948 as of January 1, 2016. During the plan year the plan experienced a decrease in its net assets of \$558,758. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$1,887,111, including employee contributions of \$1,405,155, and earnings from investments of \$481,956.</p>

PLAN NAME	BASIC FINANCIAL STATEMENT / INSURANCE INFORMATION
<p><b>SEARS HOLDINGS CORPORATION EMPLOYEE WELFARE BENEFIT PLAN</b> Plan Number: 501 EIN 20-1920798 Plan Year 1/1/16 – 12/31/16</p>	<p>The plan has contracts with National Union Fire Ins. Co. of Pittsburgh, PA, Metropolitan Life Insurance Company, CIGNA Health and Life Insurance Company and Affiliates, Health Net, Humana Health Plans of Puerto Rico Inc, Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of The Mid-Atlantic States, Kaiser Foundation Health Plan of Hawaii, Kaiser Foundation Health Plan of Georgia, Kaiser Foundation Health Plan Inc, Kaiser Foundation Health Plan of the Northwest, Netcare Life and Health Insurance, HMSA Health Plan, Triple-S Salud, Inc., Life Insurance Company of North America, , UnitedHealthcare Insurance Company, United Healthcare of California, Aetna Life Insurance Company, Blue Cross and Blue Shield of Illinois, Dean Health Plan Inc., EyeMed Vision Care, EyeMed, Geisinger Quality Options, Inc, UPMC Health Options, Minnesota Life Insurance Company and Securian Life Insurance Company, to pay certain health, dental, life insurance, temporary disability, long-term disability, vision and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2016 were \$ 272,917,532.</p> <p>Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2016, the premiums paid under such "experience-rated" contracts were \$ 26,992,901 and the total of all benefit claims paid under these contracts during the plan year was \$ 6,863,546.</p> <p>With respect to the participating programs under the Sears Holdings Corporation Employee Welfare Benefit Plan, for the plan year ended 12/31/16:</p> <ul style="list-style-type: none"> <li>• <u>Sears Holdings Medical Plan</u> – The plan also has multiple HMO's regarding which the total premiums for the plan year were \$207,116,436.</li> <li>• <u>Sears Holdings Dental Plan</u> – The plan has a contract with Metropolitan Life Insurance Company to pay all dental claims incurred under the terms of the plan. The total premiums for the plan year ending 12/31/16 were \$17,409,843.</li> <li>• <u>Sears Holdings Puerto Rico Health and Welfare Plan</u> – The plan has a contract with Triple-S Salud, Inc. to pay all health, dental, prescription drug, major medical, organ and tissue transplant and teleconsulta claims incurred under the terms of the plan. Total premiums for the plan year ending 12/31/16 were \$5,731,847.</li> <li>• <u>Sears Holdings Business Travel Accident Insurance Plan</u> – The plan has a contract with National Union Fire Insurance Company of Pittsburgh, PA, which handles accidental death and dismemberment claims. The total premiums paid for the plan year ending 12/31/16 were \$53,230.</li> <li>• <u>Kmart Disability Income Plan</u> – The plan had contracts with Life Insurance Company of North America. The total premiums paid for the plan year ending 12/31/16 were \$137,114.</li> <li>• <u>Sears Holdings Long-term Disability Insurance Plan</u> – The plan had a contract with Life Insurance Company of North America to pay all long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/16 were \$9,339,643.</li> <li>• <u>Sears Holdings Life Insurance Plans</u> – The plan had contracts with Minnesota Life Insurance Company and Securian Life Insurance Company to pay life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/16 were \$30,311,699</li> <li>• <u>Sears Holdings Vision Insurance Plans</u> – The plan had contracts with EyeMed Vision Care and EyeMed to pay vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$2,817,720.</li> </ul>
<p><b>KMART EXECUTIVE GUARANTEED VARIABLE LIFE INSURANCE PLAN</b> Plan Number: 571 EIN 38-0729500 Plan Year 1/1/16 – 12/31/16</p>	<p>The plan has a contract with Securian Life Insurance Company to pay all life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2016 were \$1,118,953.</p>

**Your Rights to Additional Information:** You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below (if applicable) are included in that report:

- an accountant's report;
- assets held for investment;
- insurance information, including sales commissions paid by insurance carriers; and/or
- information regarding any common or collective trusts, pooled separate accounts; master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write Sears Holdings Corporation, Benefits Department, D-707BEN, 3333 Beverly Road, Hoffman Estates, IL 60179. The charge to cover copying costs will be no more than \$5.00 for the full annual report, or \$.05 per page for any part thereof.

If applicable, you also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and the accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as a part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 3333 Beverly Road, Benefits Department, D-707BEN, Hoffman Estates, IL 60179, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs.

Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

These **SUMMARY ANNUAL REPORTS**, which are presented as a consolidated report, are required to be given to each benefit plan participant in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). In order to simplify the distribution, you are being given a report for all of the benefit plans listed above, though you yourself may not be eligible or enrolled at this time in each of these plans or programs. The information shown is that which is specifically required under the regulations and is reproduced from the Annual Return/Report of Employee Benefit Plan Forms 5500 filed with the Employee Benefits Security Administration.

Si tiene dificultad en comprender el inglés, la Compañía proveerá ayuda para explicarle esta información. Si desea ayuda, consulte a su gerente de unidad o su representante de Recursos Humanos. If you have difficulty in understanding the English language, assistance to aid your understanding of these reports will be provided by the Company. Please ask your unit manager or Human Resources representative if you desire such assistance.

## **Notice of Changes to the Sears Holdings Corporation Employee Welfare Benefit Plan**

This Notice of Changes to the Sears Holdings Corporation Employee Welfare Benefit Plan (which includes the Medical Plan, Dental Plan, Vision Plan, Long Term Disability Plan, Company Paid Life Insurance Plan and Optional Life Insurance Plan) (the "Welfare Benefit Plan") is intended to constitute a summary of material modifications with respect to the Welfare Benefit Plan, in accordance with applicable regulations under the Employee Retirement Income Security Act ("ERISA"), as amended.

### **Notice of Changes to the Medical Plan**

The Sears Holdings Medical Plan (the "Medical Plan") is a participating program under the Welfare Benefit Plan. The Medical Plan is made up of different coverage options, including a PPO and a High Deductible Health Plan. Blue Cross Blue Shield of Illinois ("BCBS") and, if available in your area, Kaiser Permanente ("Kaiser") are the two carrier options in 2018. Below is a summary of changes to the Medical Plan that will become effective on January 1, 2018.

Medical coverage will no longer be offered through the Corporate Health Exchange.

All continental U.S. associates (including Alaska) will have access to two medical coverage options administered by BCBS: an Enhanced option and a Basic option.

Associates living in California, Colorado, Georgia, Maryland, Oregon, Virginia, Washington (state), or Washington D.C., also have the option of choosing HMO coverage through Kaiser Permanente.

All of the BCBS and Kaiser medical coverage options use a provider network. You will pay less if you use a provider in the option's network. You will pay more if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your medical coverage option pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you obtain services.

The specific changes are:

- The Enhanced option is a PPO administered by BCBS which will feature a “traditional” annual deductible and out-of-pocket maximum. That means, for example, once a covered family member meets the *individual* deductible; your medical coverage will begin paying benefits for that family member. Find more information at [www.88sears.com](http://www.88sears.com).
  - The Basic option is a High Deductible Health Plan administered by BCBS which allows you the opportunity to contribute to a Health Savings Account (“HSA”). Find more information at [www.88sears.com](http://www.88sears.com).
  - If you enroll in the Basic or Enhanced medical coverage option with BCBS for 2018, prescription drug coverage will be provided through OptumRx. Prescription drug coverage depends on the coverage level you choose, Enhanced or Basic.
  - If you enroll in an HMO medical coverage option with Kaiser for 2018 (if available in your area), your prescription drug coverage will be provided through Kaiser.
- **HSA Contribution Limit Change:** For 2018, you can save up to \$3,450 if you cover just yourself or \$6,900 if you cover yourself and your family. If you’re age 55 or older (or will turn age 55 during the 2018 plan year), you can also make additional “catch-up” contributions to your HSA up to \$1,000.

## **Notice of Changes to the Long Term Disability Plan**

The Sears Holdings Long Term Disability Plan (the “Long Term Disability Plan”) is a participating program under the Welfare Benefit Plan. The following changes became effective July 1, 2017:

- **Premium Rate Update:** Sears Holdings announced a premium rate update that provided a reduced cost of coverage per the rate table below:

<b>Age as of July 1</b>	<b>Rate Per \$100 of Coverage (Rates prior to July 1, 2017)</b>	<b>Rate Per \$100 of Coverage (Reduced rates as of July 1, 2017)</b>
Less than 30	\$0.350	\$0.214
30 – 39	\$0.690	\$0.420
40 – 49	\$0.750	\$0.457
50 – 59	\$0.930	\$0.566
Age 60 or older	\$1.050	\$0.640

- **Enhanced Long Term Disability Plan:** A newly enhanced Long Term Disability Plan for salaried associates earning \$200,000 or more annually was rolled out. The plan enhancements included the following items:
  - Partial disability covered beginning the 1<sup>st</sup> day of disability.
  - Survivor Benefits and Activities of Daily Living benefits.
  - Maximum benefit duration is participant’s Social Security Normal Retirement Age.

## **Notice Regarding the Flexible Benefits Plan**

This notice summarizes the 2018 annual contribution limit specified by the U.S. Internal Revenue Service under the Health Care Flexible Spending Account (“Health Care FSA”), which is a participating program under the Sears Holdings Corporation Flexible Benefits Plan (the “Flexible Benefits Plan”).

Effective January 1, 2018, the annual IRS-prescribed limit for the Health Care FSA will increase to \$2,650.

This Notice of Changes to the Flexible Benefits Plan is intended to constitute a summary of material modifications with respect to the Flexible Benefits Plan, in accordance with applicable regulations under ERISA.

## **Notice Regarding the Commuter Benefit Program**

This notice summarizes the 2018 annual contribution limits specified by the U.S. Internal Revenue Service under the Commuter Benefit Program.

Effective January 1, 2018, the IRS-prescribed limit for qualified parking will increase to \$260 per month.

The Commuter Benefit Program is not a welfare benefit plan for purposes of ERISA. It is a tax-advantaged benefit that Sears Holdings can offer to associates under a specific section of the Internal Revenue Code.

## **Notice of Changes to the Savings Plan**

**Investment Choice Changes:** Effective March 1, 2017 the following investment options were added to the Sears Holdings Savings Plan (the “Savings Plan”):

- Target Retirement 2025 Fund
- Target Retirement 2035 Fund
- Target Retirement 2045 Fund
- Target Retirement 2050 Fund
- Target Retirement 2055 Fund
- Target Retirement 2060 Fund

**Investment Choice Changes:** Effective November 1, 2017, the Stable Value Fund was replaced with the Goldman Sachs Money Market Fund as an investment option under the Savings Plan.

### **Contribution Limit Changes:**

- The 2018 annual limit on pre-tax contributions set by the U.S. Internal Revenue Service will increase to \$18,500.
- The 2018 limit on catch-up contributions, applicable to participants 50 and older any time in 2018, will remain at \$6,000.
- The contribution restrictions under the Savings Plan currently applicable to Highly Compensated Employees will remain in effect until further notice. A Highly Compensated Employee for 2018 is defined as a plan participant who received eligible compensation from Sears Holdings or an affiliate in 2017 in excess of \$120,000.

**Form of Payment Changes (mandatory cash-out):** Effective January 1, 2018, if your employment with Sears Holdings ends and your entire vested Savings Plan account(s) balance does not exceed \$5,000, payment of your account(s) will automatically be made from the Savings Plan. Before payment is made, the Plan Administrator will notify you of your election to receive payment directly or to roll over your account(s) to an individual retirement account (IRA) of your choice, there will be a mandatory distribution of your account(s), as well as, provide you with a rollover notice explaining the rollover rules and tax consequences of receiving payment directly. If you do not make an election about how you would like to have your account(s) distributed within 90 days of the notice, your entire account(s) will be distributed as a rollover to a traditional IRA maintained by a provider selected by the Plan Administrator. If this happens, you will receive notification and information from the provider enabling you to access your IRA.

This Notice of Changes to the Savings Plan is intended to constitute a summary of material modifications with respect to the Savings Plan, in accordance with applicable regulations under ERISA.

**Note:** Puerto Rico associates are offered, if eligible, participation in the Puerto Rico Savings Plan sponsored and maintained for Puerto Rico associates. This summary of material modifications does not apply to the Puerto Rico Savings Plan.

## **Enrollment Reminder:** **Sears Holdings Corporation Associate Stock Purchase Plan**

Under the Sears Holdings Corporation Associate Stock Purchase Plan (“ASPP”) eligible associates can purchase common stock of Sears Holdings at a 5% discount. The enrollment period for each quarterly purchase period is the last two weeks of the prior calendar year quarter, as shown below for 2018.

<b>Purchase Periods (2018)</b>	<b>Enrollment &amp; Changes Periods (2018)</b>
January 1 – March 31, 2018	December 16 – 31, 2017
April 1 – June 30, 2018	March 16 – 31, 2018
July 1 – September 30, 2018	June 16 – 30, 2018
October 1 – December 31, 2018	September 16 – 30, 2018

Before you decide to purchase Sears Holdings common stock through the ASPP, you are encouraged to read the prospectus for the ASPP. Visit **www.88sears.com** and click on “Associate Stock Purchase Plan & Restricted Stock” under Financial Benefits in the Benefits section. A plan summary and the Sears Holdings annual report Form 10-K are available for important additional information regarding Sears Holdings and its common stock. You can also request a hard copy or an electronic copy of the ASPP prospectus by calling the Sears Holdings Benefits Center at **1-888-88sears (1-888-887-3277)** choose option 1 for health and financial benefits. For questions about the ASPP or to enroll by phone, contact Morgan Stanley at **888-246-9637**.

## 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 August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
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
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
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.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</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

<p align="center"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>	<p align="center"><b>IOWA – Medicaid</b></p>
<p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://colorado.gov/HCPF/Child-Health-Plan-Plus">colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562</p>
<p><b>KANSAS – Medicaid</b></p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p>
<p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512</p>	<p>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</p>
<p><b>KENTUCKY – Medicaid</b></p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p>
<p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570</p>	<p>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</p>
<p><b>LOUISIANA – Medicaid</b></p>	<p><b>NEW YORK – Medicaid</b></p>
<p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
<p><b>MAINE – Medicaid</b></p>	<p><b>NORTH CAROLINA – Medicaid</b></p>
<p>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</p>	<p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p>	<p><b>NORTH DAKOTA – Medicaid</b></p>
<p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840</p>	<p>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</p>
<p><b>MINNESOTA – Medicaid</b></p>	<p><b>OKLAHOMA – Medicaid and CHIP</b></p>
<p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739</p>	<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>
<p><b>MISSOURI – Medicaid</b></p>	<p><b>OREGON – Medicaid</b></p>
<p>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</p>	<p>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</p>
<p><b>MONTANA – Medicaid</b></p>	<p><b>PENNSYLVANIA – Medicaid</b></p>
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084</p>	<p>Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462</p>



<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 505-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://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://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <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 August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565