



2024 ANNUAL Benefits Elections



PO Box 4689
Houston, TX 77210

October 2023

Dear CITGO Plan Participant:

At CITGO, we take great pride in our employees which is why our goal is to provide a competitive benefits package to attract and retain a dynamic, diverse, and creative workforce while helping to meet the healthcare needs of our employees and their families. The Annual Benefits Election period provides an opportunity for eligible employees to review their current benefit elections and make any necessary changes or updates for the upcoming plan year according to their individual and/or family needs.

Annual Election will begin Monday, October 23, 2023 and will end Friday, November 03, 2023.

This letter contains valuable benefits plan information and should be read in its entirety. All changes are effective January 1, 2024.

ANNUAL BENEFITS ELECTION ENROLLMENT INFORMATION

Active employees will be able to access Annual Election materials, including the Benefits Brochure and rates, via Benefit Connections at www.hr.citgo.com or CITGO intranet. Information will be posted online on Monday, October 23, 2023.

If no changes are made during the Annual Election period, all current elections will rollover to the next plan year except for Flexible Spending Account and Health Savings Account elections.

MAKING YOUR ELECTIONS

If you wish to update your benefit elections for plan year 2024 access the Employee Self Service portal (ESS) accessible through the CITGO intranet. You may also contact the Benefits Helpline during Annual Election beginning on Monday, October 23, 2023 via email at benefits@CITGO.com or call 1-888-443-5707. The voicemail system is available 24 hours, 7 days a week.

Need help using ESS? The ESS Open Enrollment Tutorial is available on the **Benefit Connections** website (www.hr.citgo.com) under the Benefit Resources tab.

VERIFICATION OF DEPENDENT ELIGIBILITY

If you are enrolling a spouse or child in benefits who is not currently a covered dependent, you must also submit documentation of their eligibility. Access the Dependent Eligibility Verification Form on the Benefit Connections website at www.hr.citgo.com under the Annual Election Resources tab. The form outlines the types of documentation that are acceptable as proof of your dependent's eligibility.



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What's new for 2024?

SELF-DIRECTED HEALTH PLAN:

As a result of recent IRS regulatory changes, there is a new annual deductible effective January 1, 2024.

- \$1,600 – Employee Only
- \$3,200 – Employee + Dependent(s)

Refer to your Benefits Brochure available on www.hr.citgo.com for more information on the SDHP medical plan.

New medical ID cards will be mailed to all SDHP plan participants in January.

HEALTH SAVINGS ACCOUNTS

You must elect your Health Savings Account (HSA) contribution each year. Elections can be made at any time through the Employee Self-Service portal (ESS). For employees without access to ESS, elections can be made by email at benefits@citgo.com or by phone 1-888-443-5707.

HSA annual IRS contribution limits for 2024 will be as follow (includes employee and employer contributions):

- \$4,150 – Single/Employee Only
- \$8,300 – Family/Employee + One or more

Also, if you are age 55 and older, “catch-up” contributions of \$1,000 per year are available above these annual limits.

FLEXIBLE SPENDING ACCOUNTS:

Effective January 1, 2024, Flexible Spending Account plan (FSA) participants will have a new Health Care Spending debit card option available at no cost to pay for eligible expenses at the point of sale:

- Access funds from FSA accounts
- Eligible expenses must be deemed eligible under IRS rules
- Safeguards in place to prevent unauthorized transactions and duplicate reimbursements when manual claim forms are submitted
- Account balance and transaction history available on www.myuhc.com



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For 2024, we are pleased to announce that CITGO medical, dental and vision plan monthly premiums for active employees will remain the same, with no increase in premiums.

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$8.00	\$102.00	\$129.00	\$102.00	\$10.00	\$17.00	\$6.38	\$16.16
Employee and Spouse	\$23.00	\$260.00	\$329.00	\$260.00	\$17.00	\$30.00	\$12.24	\$30.94
Employee and Child(ren)	\$21.00	\$242.00	\$308.00	\$242.00	\$18.00	\$33.00	\$12.78	\$32.32
Employee and Family	\$36.00	\$401.00	\$509.00	\$401.00	\$28.00	\$35.00	\$19.72	\$49.86

Additionally, we will continue to provide popular health plan features that make our coverage stand out which include:

- Different medical plan options to help meet your healthcare needs with affordable monthly premiums and medical programs that help to keep you and your enrolled dependents healthy
- Wellbeing programs and services that support your mental, physical, and emotional health
- Broad networks with in and out-of-network coverage available
- Telemedicine coverage through UnitedHealthcare Virtual Visits
- Rally Health Rewards program where you can earn incentives that can be used to pay for eligible out-of-pocket health expenses

SDHP MEDICAL PLAN PARTICIPANTS:

When calculating your contributions to your HSA, remember to include the amount of the SDHP annual enrollment incentive plus the amount of Healthy Rewards incentives you plan to earn in your calculations. Refer to the HSA section in your Benefits Brochure for additional information.

In 2024, CITGO will continue to provide an annual enrollment incentive of:

- \$500/single coverage
- \$1,000/employee + one or more dependents.

Remember, once you reach the annual contribution limit, employee, and employer contributions (including Healthy Reward incentives) will cease.



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PLAN UPDATES AND HIGHLIGHTS

LIFE INSURANCE

Life insurance needs are unique. Visit Securian's online insurance calculator available at www.LifeBenefits.com/insuranceneeds to help you estimate your insurance coverage.

To update your life insurance beneficiaries, visit Benefit Connections at www.hr.citgo.com. From the top menu, select Benefit Resources and Benefit Forms.

Submit completed forms via mail to:
CITGO Petroleum Corporation
Attention: Benefits Planning & Administration
P.O. Box 4689
Houston, TX 77210-4689

*Remember to make
a copy of the new
form for your
records!*

VOLUNTARY BENEFIT PROGRAMS

Active employees may enroll for the following voluntary benefits with premiums to be paid in full by the employee through payroll deductions.

- Critical Illness insurance offered by TransAmerica
- Accident insurance offered by TransAmerica
- Pre-Paid Legal Services offered by MetLife Legal

Additional information regarding enrollment in these voluntary benefits will be available on [Benefit Connections](#). If you are already enrolled in these voluntary benefits, your coverage will continue next year unless you cancel the coverage.



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ADDITIONAL INFORMATION

VERIFYING YOUR ZIP CODE AND YOUR UHC NETWORK ACCESS

You can verify if your ZIP code is in the medical plan network by:

- Website – www.myuhc.com
- Contact UnitedHealthcare Customer Service at 1-866-317-6359
- Contact CITGO Benefits Helpline at 1-888-443-5707

FINAL CONFIRMATION STATEMENT

Any changes made during Annual Election will be reflected on your Confirmation Statement. Active eligible employees will be able to access their Confirmation Statement via the Employee Self Service portal (ESS), and a copy will also be mailed. **It is important to review your final Confirmation Statement for any administrative errors. CITGO administrative errors must be reported to the Benefits Helpline at 1-888-443-5707 within 31 days of the first payroll deduction or invoice issued.** It is highly recommended that all employees retain a copy of the final Confirmation Statement for their records and review their first 2024 payroll benefit deductions for accuracy.

To make changes to your benefits outside of the Annual Election period, you must experience an IRS Qualified Status Change including, but not limited to, the birth or adoption of a child, marriage, divorce, or death. **Please contact the Benefits Helpline 1-888-443-5707 or benefits@citgo.com within 31 days of the qualifying event date.**

Upon receipt of your timely request, the Benefits Helpline will advise what type of supporting documentation is required to process a change to your health benefits. Requests received after the applicable deadline are not accepted and you will have to wait until the next Annual Benefits Election period to make a change to be effective as of January 1 of the following year.

QUESTIONS

Answers to frequently asked questions (FAQS) will be available via the Internet at www.hr.citgo.com.



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REQUIRED NOTICES

Each year, CITGO is required to provide certain annual notices to all eligible participants of the Plan to ensure you are aware of the availability of the benefits that are provided under certain legislative acts. The following notices relate to the group health plan provisions of the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees (Plan number 518) and for Salaried Employees (Plan number 515):

- HIPAA Privacy Notice
- Women’s Health and Cancer Rights Act
- Newborns’ and Mothers’ Health Protection Act
- Summary of Benefits and Coverage
- Important Notice About Your Prescription Drug Coverage and Medicare
- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

HIPAA PRIVACY NOTICE

On April 14, 2003, privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into effect. The privacy notice, including information about your privacy rights, is available via the CITGO intranet. You can also find the notice at www.hr.CITGO.com. You may request a copy of the notice by sending your request to HIPAARequest@CITGO.com or by regular mail addressed to:

HIPAA Services Contact
 CITGO Petroleum Corporation
 P.O. Box 4689
 N5063
 Houston, Texas 77210-4689
 1-888-443-5707

WOMEN’S HEALTH AND CANCER RIGHTS ACT

As required by the Women’s Health and Cancer Rights Act of 1998, medically necessary mastectomy-related benefits received under our health 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 all stages 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 the plan.



REQUIRED NOTICES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally 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 a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or 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 issuers 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 (or 96 hours.)

SUMMARY OF BENEFITS AND COVERAGE

A Summary of Benefits and Coverage for each medical plan which describes the benefits and coverage under the applicable plan will be available at www.hr.citgo.com under Benefit Resources or at www.myuhc.com. You may also request a printed copy by contacting the CITGO Benefits Helpline at 1-888-443-5707 or by email at benefits@citgo.com. The Glossary of defined terms will also be available at www.hr.citgo.com.

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 CITGO Petroleum Corporation and prescription drug coverage under Medicare Part D for people eligible for Medicare. This information can help you decide whether or not you want to enroll in a Medicare prescription drug plan.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare under Medicare Part D. 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. CITGO Petroleum Corporation has determined that the prescription drug coverage offered under the two plans listed below ("CITGO coverage") is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered creditable coverage.
 - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees
 - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees



REQUIRED NOTICES

IF YOU DROP CURRENT COVERAGE WITH THE CITGO PROGRAM

If you decide to enroll in a Medicare prescription drug plan and drop your CITGO coverage, be aware that you may not be able to get this coverage back. If you drop your CITGO coverage and enroll in Medicare prescription drug coverage, you and your covered eligible dependents may not be able to get the CITGO coverage back until the next CITGO Annual Election period, or, in the case of non-payment of your contributions, you can never re-enroll.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

Because your existing CITGO coverage is, on average, at least as good as standard Medicare prescription drug coverage and is considered to be creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in Medicare prescription drug coverage.

If you lose coverage, through no fault of your own, or decide to leave CITGO coverage, you will be eligible to enroll in Medicare Part D coverage at that time using a two (2) month Employer Group Special Enrollment Period. 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.

IF YOU DELAY ENROLLING IN MEDICARE PART D AFTER YOUR CITGO COVERAGE ENDS

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. It is important for you to know that if you drop or lose coverage with CITGO and do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage at a later time.

Medicare rules state that if you go 63 continuous days or longer without creditable prescription drug coverage that is at least as good as Medicare's 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 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may pay more than what most other people pay. You will 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 October to enroll.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CITGO PRESCRIPTION DRUG PROGRAM

Contact the CITGO Benefits HelpLine at 1-888-443-5707 or email benefits@CITGO.com. You may also contact UnitedHealthcare directly at 1-866-317-6359, option 4 or visit <http://www.myuhc.com> and access the prescription drug link. Note: You may receive this notice at other times in the future through CITGO Petroleum Corporation such as before the next period in which you can enroll in Medicare prescription drug coverage or if this coverage changes. You also may request another copy of this notice from us.



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REQUIRED NOTICES

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You 2024” handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these sources:

- Visit Medicare online at www.medicare.gov or the Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov.
- Call your State Health Insurance Assistance Program for personalized help, (see the inside back cover of your copy of the “Medicare & You 2022” handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in one of the plans approved by Medicare that offer Medicare Part D Prescription Drug coverage after you initially become eligible for Medicare, you may need to provide a copy of this notice with your Medicare enrollment to confirm you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date	January 1, 2024
Employees and Plan Name	CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees (Plan number 515) and Hourly Employees (Plan number 518)
Name of Entity	CITGO Petroleum Corporation
Contact	Benefit Plans Committee
Address	1293 Eldridge Parkway Houston, Texas 77077
Phone Number	1-888-443-5707
Email	benefits@CITGO.com



REQUIRED NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA Medicaid	CALIFORNIA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA Medicaid	COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-healthplan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurancebuy-program HIBI Customer Service: 1-855-692-6442



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ARKANSAS Medicaid	FLORIDA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA Medicaid	MASSACHUSETTS Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-programreauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
INDIANA Medicaid	MINNESOTA Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA Medicaid and CHIP (Hawki)	MISSOURI Medicaid
Medicaid Website: Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS Medicaid	MONTANA Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY Medicaid	NEBRASKA Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178



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LOUISIANA Medicaid	NEVADA Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE Medicaid	NEW HAMPSHIRE Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY Medicaid and CHIP	SOUTH DAKOTA Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK Medicaid	TEXAS Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA Medicaid	UTAH Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA Medicaid	VERMONT Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA Medicaid and CHIP	VIRGINIA Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid & CHIP Phone: 1-800-432-5924
OREGON Medicaid	WASHINGTON Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022



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PENNSYLVANIA Medicaid	WEST VIRGINIA Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HiPPPProgram.aspx Phone: 1-800-692-7462 CHIP Phone: 1-800-986-KIDS (5347)	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND Medicaid and CHIP	WISCONSIN Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA Medicaid	WYOMING Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

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. ee 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 1/31/2026)

For more information on the required notices enclosed, access your Benefits Brochure at www.hr.citgo.com under the Benefits Resources tab.