

REQUIRED BENEFITS NOTICES Retiree

Mastectomy-Related Coverage

All Atmos Energy-sponsored medical plans cover surgery after a mastectomy to:

- Reconstruct the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Treatment of physical complication at all stages of the mastectomy, including treatment of physical complications like lymphedema.

This coverage is required by law under the Women's Health and Cancer Rights Act. These benefits will be provided subject to the same deductibles and coinsurance amounts applicable to other similarly covered medical and surgical benefits and services, such as surgery and prostheses, provided under this plan.

Maternity Coverage

For maternity stays, in accordance with the Newborns' and Mothers' Health Protection Act of 1996, our medical plans do not 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 prevent the mother's or newborn's attending caregiver, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plans cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a cesarean section).

Special Enrollment Rights

- After declining health coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself or your dependents in our health plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage), provided that you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- New dependents. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Government programs. You may be able to enroll yourself or your dependents in our health plan if:
 - o Your or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
 - o You or your dependent becomes eligible for a state premium assistance program (subsidy) under Medicaid or CHIP.

You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for a state premium assistance program under Medicaid or CHIP is determined. If you have a special enrollment event and want to enroll in health coverage, contact your local Human Resources representative.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Atmos Energy has determined that the prescription drug coverage offered by our High Deductible Health Plan, PPO Plan, and EPO Plan, on average for all plan participants, are expected to pay out at least as much as standard Medicare prescription drug coverage for 2026 and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you may also be eligible for a two-month Medicare Special Enrollment Period (SEP) to join a Medicare drug plan. If you are eligible for the SEP, you may join a Medicare drug plan during the two-month SEP without incurring a late enrollment penalty.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you have retiree coverage, decide to join a Medicare drug plan, and drop your current Atmos Energy coverage, be aware that you and your dependents will not be able to get this coverage back. If you have active employee coverage, decide to join a Medicare drug plan, and drop your current Atmos Energy coverage, be aware that you and your dependents may be able to get this coverage back during a future open enrollment.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than the Medicare base beneficiary

premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D prescription drug coverage.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the Atmos Energy Corporation's Benefits Office at **972-855-4032** for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Atmos Energy changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

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

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

Remember: Keep this creditable coverage notice. If you decide to enroll in one of the Medicare prescription drug plans after your applicable Medicare enrollment period ends, you may be required to provide a copy of this notice when you join a Part D plan to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2025
Name of Entity/
Sender: Atmos Energy Corporation Benefits Department
Contact/Office: Compensation and Benefits
Address: 5430 LBJ Freeway, Suite 500
Dallas, Texas 75240-2601
Phone Number: **972-855-4032**

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

Notice of Privacy Practices

This notice of privacy practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Background: This Notice tells you about the ways in which the Atmos Energy Corporation Health Benefits Plan (the “Plan,” “We”), as sponsored by Atmos Energy (the “Company”) and its Business Associates (e.g., third party administrators such as COBRA vendors) may use and disclose your protected health information (“PHI”) and your rights concerning your PHI with respect to your Medical, Prescription Drug, Dental, Vision, and/or Health Care Flexible Spending Account (FSA) benefits. PHI is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

This Notice describes the legal obligations of the Plan and your legal rights regarding your PHI held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”). We are required by HIPAA to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

If you have any questions about this Notice or about our privacy practices, please contact the Plan’s Benefits Department. See the end of the Notice for the complete contact information.

Atmos Energy’s Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential PHI that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

- The Plan is required by law to:
- Make sure that health information that identifies you is kept private;
- Provide you with this notice of the Plan’s legal duties and privacy practices with respect to your PHI;
- Give you this notice of the Plan’s legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information About You

We may use and disclose your PHI for different purposes. As appropriate for the Plan, the examples below are provided to illustrate the types of uses and disclosures the Plan may make without your authorization for treatments, payment, and health care operations. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose PHI will fall within one of the categories.

- **For Treatment.** The Plan may receive, use, and disclose PHI about you to provide you with or help you to obtain health services (e.g., doctors, pharmacies, hospitals and others) in your diagnosis and treatment. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Plan may receive, use and disclose your PHI in order to determine eligibility for Plan benefits, to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may receive and maintain PHI about surgery you received to enable the Plan to process a hospital’s claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Plan may receive, use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan’s participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine PHI about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from PHI disclosed to the Company so it may be used without the Company learning who the specific participants are. The Plan will not use your genetic information for underwriting purposes. Generally, genetic information involves information about differences in a person’s DNA that could increase or decrease his or her chance of getting a disease (e.g., diabetes, heart disease, cancer or Alzheimer’s disease).
- **To the Company.** The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Company (“the Plan Administrator”) and/or the members of the Company’s Benefits Department. These individuals will protect the privacy of your PHI and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.

- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as “business associates.” For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan’s business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through written contract, to appropriately safeguard your PHI.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about other health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **Enrolled Dependents and Family Members.** The Plan will mail explanation of benefits forms and other mailings containing PHI to the address we have on record for the employee who is enrolled in the Plan.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.
- **Public Health Risks.** The Plan may disclose PHI about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** The Plan may use and disclose your PHI for medical research purposes when (1) the individual identifiers have been removed or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime’s location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers’ Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers’ compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release PHI about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Other Uses and Disclosures of Health Information

The Plan will not use or disclose your PHI for the following purposes without your prior written authorization:

- **Psychotherapy Notes.** Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against us), the Plan will not use or disclose any mental health professional’s psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior authorization.
- **Marketing or Sale.** The Plan will not use or disclose your PHI for any paid marketing activities or sell your protected health information without prior authorization.

- **Other Uses and Disclosures Not Described in This Notice.** Other uses and disclosures of PHI not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Your Rights Regarding Health Information About You

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and copy your PHI that the Plan or a Business Associate has about you. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. If the information you requested is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, the Plan will provide you with a paper copy. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.
 - **Right to Amend.** If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the PHI. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, send a detailed request in writing to the Plan Administrator. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend PHI that was: accurate and complete; not created by the Plan; not part of the PHI kept by or for the Plan; or not information that you would be permitted to inspect and copy.
 - **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Plan has made to Others during the last six years, except for those necessary to carry out treatment, payment, or health care operations (unless electronically maintained); disclosures made to you or pursuant to your authorization; or in certain other situations. To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested. The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, the Plan may charge a reasonable fee for providing the accounting, but the Plan will tell you the cost in advance.
 - **Right to Request Restrictions.** You have the right to request a restriction on the PHI the Plan uses or disclosures about you for treatment, payment, or health care operations, except for uses of disclosures required by law. You also have the right to request a limit on the PHI the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member, friend, or others. For example, you could ask that the Plan not use or disclose information about a surgery you had. To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply.
- Note:** The Plan is not required to agree to your request.
- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address or by mail. To request confidential communications, make your request in writing to the Plan Administrator. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
 - **Right to Be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of unsecured PHI.
 - **Right to Opt Out of Fundraising Communications.** You have the right to opt out of fundraising communications from us.
 - **Right to a Paper Copy of this Notice.** You have the right to obtain a copy of this notice at any time upon request. Even if you have agreed to receive this notice electronically, you may write to the Plan Administrator to request a paper copy of this notice at any time.
 - **Changes to this Notice.** The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for PHI the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Office at all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. All complaints must be submitted in writing.

Note: You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have any questions about this notice, please contact:

Atmos Energy Corporation

c/o Senior Vice President, Human Resources, Attn: HIPAA
Privacy Officer

Three Lincoln Center, Suite 1800
5430 LBJ Freeway
Dallas, Texas 75240-2601

972-855-3324

CHIP Notice

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 group health coverage from Atmos Energy, 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 on the following pages, 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, dial **1-877-KIDS-NOW**, or visit 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 states on the following pages, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2025, 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

STATE	WEBSITE/E-MAIL	PHONE
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx Email: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP+: https://hcpf.colorado.gov/child-health-plan-plus HIBI: https://www.mycohibi.com/	Medicaid: 1-800-221-3943 CHIP+: 1-800-359-1991 HIBI: 1-855-692-6442 State relay 711
Florida (Medicaid)	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/dfr/ All other Medicaid: https://www.in.gov/medicaid	1-800-403-0864 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: http://dhs.iowa.gov/Hawki HIPP: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov/agencies/dms KI-HIPP: https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP E-mail: KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	http://www.medicaid.la.gov http://www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HHSHIPPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

STATE	WEBSITE/E-MAIL	PHONE
Nevada (Medicaid)	http://dhcfp.nv.gov	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/upp CHIP: https://chip.utah.gov/ Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/	1-888-222-2542
Vermont (Medicaid)	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia (Medicaid and CHIP)	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select/ https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs/	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269