



## Required Annual Enrollment Legal Notices

This document includes the following important Annual Enrollment legal notices for Bimbo Bakeries USA (BBU) and Bimbo Quick Service Restaurants (referred to collectively as "Company"):

- Medicare Part D Creditable Coverage
- Summary Annual Report
- HIPAA Privacy Practices
- HIPAA Special Enrollment Rights
- Women's Health and Cancer Rights Act of 1998
- Newborns' & Mothers Health Protection Act
- Your Rights Under USERRA - The Uniformed Services Employment and Reemployment Rights Act
- COBRA Rights
- Notice Regarding Wellness Program
- Medicaid and the Children's Health Insurance Program (CHIP)

If you have questions about these notices, please contact the **Benefits Center** at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., Eastern Time.

For additional information on Medicare, please contact **HTA** at **1-610-430-6650, Option 1** to schedule a Medicare consultation or visit **[www.hta-insurance.com](http://www.hta-insurance.com)**.

**If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 2 for more details.**

## **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 the Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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 is available 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. The Company has determined that the prescription drug coverage offered by the Company is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays 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.

***If you or your family members are not currently covered by Medicare and will not become covered by Medicare in the next 12 months, this notice does not apply to you.***

### **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 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan and you are an active associate or family member of an active associate, your current Company prescription drug coverage will not be affected.

You may enroll in a Medicare prescription drug plan and if you are an active associate or family member of an active associate, you may also continue your employer coverage and retain your current coverage under the BBU Health and Welfare Plan. However, you will be required to pay premiums for both and the Medicare prescription drug plan will generally pay benefits after the Company plan. If you enroll in Medicare, you may also elect to drop your prescription drug coverage with the Company. However, please note, if you drop your Company prescription drug coverage you will also be required to drop your Company coverage for other medical services. Because your Company prescription drug coverage is linked to your Company medical coverage, you will be able to drop your Company prescription drug coverage only by dropping your entire medical plan.

If you waive or drop coverage under the BBU Health and Welfare Plan and enroll in Medicare prescription drug coverage, Medicare will be your only payer. You will be able to re-enroll in the BBU Health and Welfare Plan, assuming you remain eligible, during the Company's annual enrollment period, due to certain life events, or if you become eligible for a special enrollment right under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You should compare your current prescription drug coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area before making your decision.

### **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 the Company and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### **For More Information**

For more information about this notice or your current prescription drug coverage, contact the **Benefits Center** at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., Eastern Time.

**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 the Company changes. You also may request a copy of this notice at any time.

More information about your options under Medicare prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### **For more information about Medicare prescription drug coverage:**

- Visit **[www.medicare.gov](http://www.medicare.gov)**
- Call your state Health Insurance Assistance Program (phone numbers are located on the inside back cover of your copy of the *Medicare & You* handbook) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Go to **[www.socialsecurity.gov](http://www.socialsecurity.gov)** or call 1-800-772-1213 (TTY 1-800-325-0778) for information.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).**

## **SUMMARY ANNUAL REPORT FOR THE BBU HEALTH AND WELFARE PLAN**

This is a summary of the annual report of the Bimbo Bakeries USA Health & Welfare Plan, Employer Identification Number 75-2491201, Plan Number 532, for the plan year January 1, 2024, through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Sponsor, BBU Inc., has committed itself to pay certain medical and prescription drug, dental, short-term disability, severance and employee assistance program claims under the terms of the plan.

### **Insurance Information**

The plan has contracts with Vision Service Plan, MetLife Legal Plans, Life Insurance Company of North America, Cigna Health and Life Insurance Company, Zurich American Insurance Company, and Securian Life Insurance Company to pay Medical/Prescription Drug, Vision, Life Insurance, Long-term Disability, Accidental Death and Dismemberment, Business Travel Accident, Legal, Critical Illness, Hospital, and Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024, were \$14,264,911.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call BBU, Inc., 355 Business Center Drive, Horsham, PA 19044, 1-215-672-8010. The charge to cover copying costs will be the actual reproduction costs, but in no event, more than 25 cents per page.

You also have the legally protected right to examine the annual report at the main office of the plan (BBU, Inc., 355 Business Center Drive, Horsham, PA 19044), at the U.S. Department of Labor in Washington, D.C., or you may 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, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **Notice of Privacy Practices for Bimbo Bakeries USA Health and Welfare Plan**

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

This Notice is directed to and applies to the associates of Bimbo Bakeries USA (the “Company”) who participate in or are eligible to participate in the Company’s Health and Welfare Plans (the “Plans”). This Notice applies to medical/prescription drug, dental, vision, health flexible spending accounts and employee assistance benefits offered under the Plans. Please note that this Notice does not entitle you to benefits for which you are not eligible, or for which you do not enroll.

Protected health information that is created, received, or maintained by the Plans when they provide medical, dental, health flexible spending account and employee assistance benefits is protected by federal privacy law. Protected health information is information that identifies you and relates to your physical or mental condition, to the provision of health services to you, or to the payment for your health services. Protected health information is referred to as “health information” in this Notice.

This Notice informs you how the Plans use and disclose your health information and explains the rights that you have regarding your health information created, received, or maintained by the Plans. This Notice is required by federal health privacy laws. This Notice will remain in effect unless and until the Plans publish a revised Notice.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It’s important to note that these rules apply to the Plan, not the Company as an employer — that’s the way the HIPAA rules work. Different policies may apply to other Company programs or to data unrelated to the Plan.

### **Information Subject to This Notice**

The Plans create, collect, and maintain health information to help provide health benefits to you and your eligible dependents, as well as to fulfill legal requirements. The Plans collect this health information, which may identify you or your eligible dependents, from applications and other forms that you complete, through conversations you may have with the Plans’ administrative staff and health care providers, and from reports and data provided to the Plans by health care providers, insurance companies or other third parties. The health information the Plans have about you includes, among other things, your name, address, phone number, birth date, Social Security number, employment information, and claims information. This is the information that is subject to the privacy practices described in this Notice.

### **Information Not Subject to This Notice**

The Company helps the Plans perform many essential tasks, such as collecting enrollment information, deciding eligibility, and transmitting payment for premiums and claims. **The information collected by the Company when it is performing these tasks is not health information and is not subject to the privacy practices described in this Notice.**

In addition, the Plans provide other benefits that are not related to health benefits, such as short-term disability benefits, long-term disability benefits and life insurance benefits. The Plans’ administrative staff and the Company request, receive, store, and disclose your medical information so they can administer these non-health benefits. The Plans’ administrative staff and the Company receive this medical information either voluntarily from you or from your health care provider. You may need to provide your written consent to your health care provider if you want your health care provider to communicate directly with the Plans’ administrative staff or the Company. After medical information is disclosed by you or your health care provider for these purposes, it is not considered health information and it is not subject to the privacy practices described in this Notice.

**In addition, you should know that the Company cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by the Company from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).**

## **The Plans' Uses and Disclosures of Your Health Information**

Generally, the Plans use and disclose your health information without your consent for the administration of the Plans and for processing claims. The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. In unusual cases, the Plans may disclose your health information without your consent for other purposes as permitted by the federal privacy law, such as health and safety, law enforcement or emergency purposes. If the Plan uses or discloses health information for underwriting purposes, the Plan will not use or disclose health information that includes your genetic information for such purposes. Generally, you must give your written consent for all other uses and disclosures of health information covered by these privacy practices.

The uses and disclosures that do not require your written consent are described below.

### ***Uses and Disclosures for Treatment, Payment, and Health Care Operations***

1. **For Treatment.** The Plans may use and disclose your health information to a health care provider, such as a hospital or physician, to assist the provider in treating you. For example, if a Plan maintains information about interactions between your prescription medications, the Plan may disclose this information to your health care provider for your treatment purposes.
2. **For Payment.** The Plans may use and disclose your health information so that your claims for health care services can be paid according to their terms. For example, if a Plan has a question about payment for health care services that you received, the Plan may contact your health care provider for additional information.
3. **For Health Care Operations.** The Plans may use or disclose your health information so it can operate efficiently and in the best interests of its participants. For example, a Plan may disclose health information to its auditors to conduct an audit involving the accuracy of claim payments.

### ***Uses and Disclosures to Business Associates***

The Plans may disclose your health information to third parties that assist the Plans in their operations. For example, the Plans may share your health information with their business associates if the business associates are responsible for paying medical claims for the Plans. The Plans' business associates have the same obligation to keep your health information confidential as the Plans do. The Plans require their business associates to ensure that your health information is protected from unauthorized use or disclosure.

### ***Uses and Disclosures to the Plan Sponsor***

The Plans may disclose your health information, without your consent, to the Company for plan administrative purposes, such as determining the amount of benefits you or your eligible dependent are entitled to from the Plans, determining or investigating facts that are relevant to a benefit claim, determining whether your benefits should be terminated or suspended, performing duties that relate to the maintenance and/or administration of the Plans, communicating with you about the status of claims, recovering any overpayment or mistaken payments made to you, and handling issues related to subrogation and third party claims. Benefits, payroll and /or finance staff are the only associates who will have access to your health information for plan administration functions.

### **Other Uses and Disclosures That May Be Made Without Your Written Consent**

The federal health privacy law provides for other uses or disclosures of your health information without your written consent, such as for the following activities.

1. **Required by Law.** The Plans may use and disclose your health information as required by federal, state, or local law. For example, the Plans may disclose your health information for judicial and administrative proceedings pursuant to legal process and authority, to report information related to victims of abuse, neglect, or domestic violence, or to assist law enforcement officials in their law enforcement duties.
2. **Health and Safety.** Your health information may be disclosed to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Your health information also may be disclosed for public health activities, such as preventing or controlling disease or disability, and meeting the reporting and tracking requirements of governmental agencies such as the Food and Drug Administration.
3. **Government Functions.** Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities and protection of public officials. Your health information also may be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.
4. **Active Members of the Military and Veterans.** Your health information may be used or disclosed to comply with laws related to military service or veterans' affairs.
5. **Workers' Compensation.** Your health information may be used or disclosed to comply with laws related to Workers' Compensation.
6. **Emergency Situations.** Your health information may be used or disclosed to a family member or close friend involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.
7. **Others Involved in Your Care.** Your health information may be used or disclosed to a family member, a close friend, or others whom the Plans have verified are involved in your care or payment for your care. For example, if you are an eligible dependent, the Plans may send your Explanation of Benefit forms to the participant or answer the participant's questions about the payment of a claim that involves your care. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.
8. **Personal Representatives.** Your health information may be disclosed to people you have authorized or people who have the right to act on your behalf. Examples of personal representatives are parents for unemancipated minors and those who hold powers of attorney for adults.
9. **Treatment and Health-Related Benefits Information.** The Plans and their business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services, or medication.
10. **Research.** Under certain circumstances, the Plans may use or disclose your health information for research purposes, if the procedures required by law to protect the privacy of the research data are followed.
11. **Organ and Tissue Donation.** If you are an organ donor, your health information may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.
12. **Deceased Individuals.** The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.
13. **HHS Investigations.** Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule.

### ***Uses and Disclosures for Fundraising and Marketing Purposes***

The Plans do not use your health information for fundraising or marketing purposes.

### ***Any Other Uses and Disclosures***

Except as described in this notice, any uses, and disclosures of your health information other than those described above will be made only with your express written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. Once your health information has been disclosed pursuant to your written consent, the federal privacy protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or consent. You may revoke your written consent in writing. If you do so, the Plans will not use or disclose the health information described in the written consent unless the Plans have already acted in reliance on that written consent. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

### ***How the Plan Will Treat Certain SUD Treatment Information***

The Plan is not a federally assisted substance use disorder diagnosis, treatment or referral program that is covered by 42 CFR Part 2 (a "Part 2 Program") and does not create and does not typically maintain any records that are subject to 42 CFR Part 2. If the Plan does receive any Part 2 Program records pursuant to your written consent for claim administration and payment, the records will only be used and disclosed in accordance with HIPAA and your consent. In no event will the Plan use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your written consent or a court order accompanied by a subpoena or other legal requirement compelling disclosure after you received notice and an opportunity to respond.

### **Your Rights**

You have the following rights regarding the health information that the Plans create, collect, and maintain. If you are required to submit a written request to enforce any of these rights, you should address such request to the HIPAA Contact Person.

#### ***Right to Inspect and Copy Health Information***

Generally, you have the right to inspect and obtain a copy of the health information that is maintained by the Plans and their business associates. This includes, among other things, health information about your eligibility, coverage, claim records and billing records. To inspect and copy your health information, you must submit your request in writing. The Plans may charge you a copying fee that includes a copying fee per page and the cost of mailing the health information to you. In certain limited circumstances, the Plans may deny your request to inspect and copy your health records and they will inform you of such a denial in writing. In certain instances, if you are denied access to your health information, you may request a review of the denial.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

### ***Right to Request Confidential Communication, or Communications by Alternative Means or at an Alternative Location***

You have the right to request that the Plans and their business associates communicate your health information to you in confidence by alternative means or in an alternative location. For example, you can ask that the Plans and their business associates contact you only at work or by mail, or that the Plans and their business associates provide you with access to your health information at a specific, reasonable location.

To request confidential communications by alternative means or at an alternative location, you must submit your request in writing. Your written request should state the reason(s) for your request and the alternative means by or location at which you would like to receive your health information. The Plans will make their best effort to accommodate reasonable requests and will respond to your request appropriately.

### ***Right to Request That Your Health Information Be Amended***

You have the right to request that the Plans amend your health information if you believe the information is incorrect or incomplete. To request an amendment, you must submit a detailed written request including the reason(s) that support your request. The Plans may deny your request if it is not in writing, it does not provide a reason in support of the request, or if you have asked to amend information that was not created by the Plans (unless the person or entity that created the information is no longer available to make the amendment), is not part of the health information maintained by or for the Plans, is not part of the health information you would be permitted to inspect and copy or it is accurate and complete. The Plans will notify you in writing whether they accept or deny your request for the amendment. If the Plans deny your request, they will explain the reason(s) for the denial and describe how you can continue to pursue the requested amendment.

### ***Right to an Accounting of Disclosures***

You have the right to receive a written accounting of the disclosures of your health information by the Plans and their business associates. The accounting is a list of disclosures of your health information by the Plans and their business associates to others. Generally, the following disclosures are not part of an accounting: disclosures that occur before the effective date of this Notice or are not otherwise covered by this Notice, disclosures for treatment, payment or health care operations, disclosures made to you, or disclosures for which you gave the Plans written consent. An accounting includes the disclosures that have occurred during the six-year period before your request (but not before the effective date of this Notice).

To request an accounting of disclosures, you must submit your request in writing. If you want an accounting that covers a period of less than six years, please state that in your request. The first accounting that you request during a twelve-month period is provided at no charge. For any additional accountings in the same twelve-month period, the Plans will charge you for the cost of providing the accounting. In this case, the Plans will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

### ***Right to Request Restrictions***

You have the right to request restrictions on the health information that the Plans use or disclose about you to carry out treatment, payment, or health care operations. Also, you have the right to request restrictions on your health information that the Plans disclose to someone who is involved in your care or the payment for your care, such as a family member or a friend. The Plans are **not** required to agree to your request for such restrictions, and the Plans may terminate their agreement to the restrictions you request. To request restrictions, you must submit your request in writing and advise the Plans what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Plans will notify you in writing whether they agree to your request.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid for the item or service, in full out-of-pocket.

### ***Right to Complain***

You have the right to complain to the Plans if you believe the Plans or their business associates have not complied with the federal privacy laws in any way. To file a complaint with the Plans, you must submit your complaint in writing to the HIPAA Contact Person listed below. Alternatively, you may file a complaint with the Department of Health and Human Services. You will not face retaliation or be discriminated against, and no services, payment, or privileges will be withheld from you because you file a complaint with the Plans or with the Department of Health and Human Services.

### ***Right to a Paper Copy of This Notice***

You have the right to obtain a paper copy of this Notice upon request. You must submit a written request to the HIPAA Contact Person.

### **Changes in the Plan's Privacy Practices**

The Plans must abide by the terms of the privacy notice currently in effect. This notice takes effect on September 23, 2013. However, the Plans reserve the right to change their privacy practices, by action of the Privacy Officer, and to make the new practices effective for all health information that they create, collect, and maintain, including your health information that they created, collected, or received before the effective date of the change. If the Plans materially change any of these privacy practices, they will notify you via mail at home of the change no later than 60 days after the change is made. Additional copies of the notification will be made available to you upon your written request.

### **HIPAA Contact Person**

Bimbo Bakeries USA  
Jessica Aquilina  
355 Business Center Drive  
Horsham, PA 19044

The Plans' Privacy Officer is the Senior Benefits Manager, who can be reached at 355 Business Center Drive, Horsham, PA 19044.

### **HIPAA Special Enrollment Rights**

If you declined enrollment for yourself or your dependents (including your spouse) in the Bimbo Bakeries USA health plan because of other health insurance or group health plan coverage, later you may be able to enroll yourself and your dependents in this Plan without waiting for the next open enrollment period, if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage). Additionally, you and/or your dependent(s) may be able to enroll in a Company-sponsored medical plan if you and/or your dependent(s) became eligible for state premium assistance under Medicaid or Children's Health Insurance Program (CHIP) or lose Medicaid or CHIP coverage because you are no longer eligible.

Note that you must request enrollment within 60 days of an event that involves loss of Medicaid or CHIP coverage or eligibility for state premium assistance. Also, note that this 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

In addition, if you have a new dependent because 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. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective on the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

To request special enrollment or to obtain more information, please contact the **Benefits Center** at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., Eastern Time.

### **Women's Health and Cancer Rights Act of 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For any person receiving plan benefits in connection with a mastectomy, 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 a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications, including lymphedema, at all stages of the mastectomy

This coverage will be provided subject to the same annual deductibles and coinsurance provisions that apply for other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact your plan vendor directly.

### **Newborns' & Mothers' Health Protection Act**

Under federal law, group health plans and health insurance issuers generally may 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 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

### **Your Rights Under USERRA - The Uniformed Services Employment and Reemployment Rights Act**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

#### **Reemployment Rights**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

## **Right to be Free from Discrimination and Retaliation**

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service;

then an employer may not deny you:

- Initial employment;
- Reemployment;
- Retention in employment;
- Promotion; or
- Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## **Health Insurance Protection**

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## **Enforcement**

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS and may be viewed on the internet at <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

For additional information on military leaves, such as how to request a leave and other rights and obligations, as well as their impact on benefits, please contact the Benefits Center at **1-888-60-myBBU** (1-888-606-9228), Monday to Friday, 9:00 a.m. to 7:00 p.m., Eastern Time.

## General Notice of COBRA Continuation Coverage Rights

### Introduction

You are receiving this notice because you are participating or have recently become eligible for benefits under the Bimbo Bakeries USA Health and Welfare Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan, as well as other health coverage alternatives that may be available to you through the Health Care Exchange.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.**

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact your Company representative.

### **You may have other options available to you when you lose group health coverage.**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through Marketplace, you may qualify for lower cost on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What Is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for this coverage.

If you are an associate, you will become a qualified beneficiary if you lose your coverage under the Plan because either of the following qualifying events happen:

1. Your hours of employment are reduced.
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an associate, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happen:

1. Your spouse dies.
2. Your spouse's hours of employment are reduced.
3. Your spouse's employment ends for any reason other than his or her gross misconduct.
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both) and is not an active associate.
5. You become divorced from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

1. The parent -associate dies.
2. The parent -associate's hours of employment are reduced.
3. The parent -associate's employment ends for any reason other than his or her gross misconduct.
4. The parent -associate becomes divorced.

5. The child stops being eligible for coverage as a “dependent child” under the Plan.

**Newly Eligible Child:** If you elect COBRA coverage and then have a child (either by birth, adoption or placement for adoption) during the period of COBRA coverage, the new child is also eligible to become a qualified beneficiary. In accordance with the terms of the Plan’s eligibility and other requirements for group health coverage and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage, with notice of the new child’s birth, adoption or placement for adoption. This notice must be provided within 30 days of birth, adoption or placement for adoption. The notice must be in writing and must include the name of the new qualified beneficiary, date of birth or adoption of new qualified beneficiary and birth certificate or adoption decree.

If you fail to notify the Plan Administrator as described in this notice, you will not be offered the option to elect COBRA coverage for the newly acquired child. Newly acquired Dependent Child(ren) (other than children born to, adopted by or placed for adoption with the associate) will not be considered qualified beneficiaries, but may be added to the associate’s continuation coverage, if enrolled in a timely fashion, subject to the Plan’s rules for adding a new dependent.

**QMCSO:** A child of the covered associate who is receiving benefits under the Plan pursuant to a QMCSO received by the Plan Administrator during the covered associate’s period of employment is entitled to the same rights to elect COBRA as an eligible Dependent Child of the covered associate.

### **When Is COBRA Continuation Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Company has been notified that a qualifying event has occurred.

When the qualifying event is the end of employment or reduction in hours of employment, death of the associate, commencement of a proceeding in bankruptcy with respect to the employer, or enrollment of the associate in Medicare (Part A, Part B or both) if the associate is not an active associate, the Company will automatically notify the COBRA Administrator.

### **You Must Give Notice of Some Qualifying Events**

For other qualifying events (divorce or legal separation of the associate and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Company within 60 days after the qualifying event occurs. This notice must be provided in writing to your Company contact and must include the following information:

- The name of the associate who is covered under the plan,
- The names and address(es) of the qualified beneficiary(ies) who will receive COBRA coverage, and the qualifying event that gave rise to COBRA coverage,
- The date of the qualifying event,
- The signature, name and contact information of the individual sending the notice.

Depending upon the qualifying event, your Company contact may request supporting documentation.

### **How Is COBRA Continuation Coverage Provided?**

Once the COBRA Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered associates may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the associate, enrollment of the associate in Medicare (Part A, Part B, or both) if the associate is not an active associate, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months. When the qualifying event is the end of

employment or reduction of the associate's hours of employment, and the associate became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the associate can last up to 36 months after the date of Medicare entitlement. This COBRA coverage period is available only if the covered associates become entitled to Medicare within 18 months BEFORE termination or reduction of hours. For example, if a covered associate becomes entitled to Medicare eight months before the date on which his employment terminated, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months).

Otherwise, when the qualifying event is the end of employment or reduction of the associate's hours of employment, COBRA continuation coverage lasts for only up to a total of 18 months. There are two ways in which this 18 month period of COBRA continuation coverage can be extended.

### **Disability Extension of 18-Month Period of COBRA Continuation Coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the COBRA Administrator in a timely manner, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some point before the 60th day of COBRA continuation coverage and must last at least until the end of the 18 month period of COBRA continuation coverage. You must make sure that the COBRA Administrator is notified of the Social Security Administration's determination within 60 days of the determination and before the end of the 18 month period of COBRA continuation coverage.

### **Second Qualifying Event Extension of 18-Month Period of COBRA Continuation Coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage for a maximum of 36 months. This extension may be available to the spouse and dependent children receiving COBRA continuation coverage if the associate or former associate dies, enrolls in Medicare (Part A, Part B or both), if the associate is not an active associate, or gets divorced. The extension is also available to a dependent child when the child stops being eligible under the Plan as a dependent child. In each case, however, the extension of COBRA continuation coverage will apply only if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. In all these cases, you must make sure that the COBRA Administrator is notified of the second qualifying event within 60 days of the second qualifying event.

### **Special Rule for the Health Care FSA**

Extension of coverage for the Health Care FSA is limited to the end of the year in which the qualifying event occurs. However, an individual who is covered under COBRA continuation coverage on December 31 of any Plan year can submit claims for expenses incurred during the Grace Period (the period from January 1 through March 15) following the Plan year.

### **Are There Other Coverage Options Besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid or other group health plan coverage options (such as spouse's plan) through what is call a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Can I Enroll in Medicare Instead of COBRA Continuation Coverage after my Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified in Chart One under Plan Contact Information below.

For more information about your rights under ERISA, including COBRA, the Patient Protection Affordable Care Act, Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call their toll-free number at 1-888-444-3272. For more information about health insurance options available through a Health Care Exchange, visit [www.healthcare.gov](http://www.healthcare.gov).

### Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep your Company contact (see Chart One under Plan Contact Information below) informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or COBRA Administrator.

### Plan Contact Information

If you have any questions about the plan or COBRA continuation coverage, please contact the following departments:

<b>CHART ONE – COMPANY CONTACT INFORMATION</b>		
<b>Contact Name</b>	<b>Address</b>	<b>Phone Number</b>
Benefits Department	355 Business Center Dr. Horsham, PA 19044	1-888-60-myBBU (1-888-606-9228)
<b>CHART TWO – COBRA ADMINISTRATOR</b>		
<b>Contact Name</b>	<b>Address</b>	<b>Phone Number</b>
WageWorks, Inc.	P.O. Box 650407 Dallas, TX 75265-0407	1-877-630-7215

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<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/ready-to-sign-up-for-part-a-part-b>.

## **Notice Regarding Wellness Program**

The Company's wellness program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve associate health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. Salaried and non-union hourly associates and enrolled spouses will be asked to complete a biometric screening, which will include a blood test for cotinine to test for tobacco use. You are not required to complete the blood test or other medical examinations. The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Salaried and non-union hourly associates and enrolled spouses will receive an incentive of medical plan premium discounts for:

- Completing the biometric screening
- Being tobacco-free
- Demonstrating a BMI under 30 or a waist circumference of 35" or less for women, or 40" or less for men.

Although you are not required to complete the biometric screening, only associates and enrolled spouses who do so will receive medical plan premium discounts.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn the incentive, you may be entitled to a reasonable accommodation or an alternative standard. Please check [WinWellTogether.com](http://WinWellTogether.com) to access the Healthy Standard Appeals Form. You will need to have the form completed by your physician and submit it to

**HRBenefitSolutions@grupobimbo.com** or to the Benefits Department at 355 Business Center Drive, Horsham, PA, 19044 for processing by September 30, 2025.

If you are not tobacco-free, the Pelago tobacco cessation program is the reasonable alternative standard to allow you to earn the incentive. You can learn more about the Program and enroll by calling 1-877-349-7755. Once you have enrolled and completed the Pelago tobacco cessation program, you will earn the "being tobacco-free" incentive.

If you have any questions about the reasonable accommodation or alternative standard processes, you can contact the Benefits Department at 1-877-524-5218, option 5.

## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Company may use aggregate information it collects to design a program based on identified health risks in the workplace, it will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach involving information you provide in connection with the wellness program occurs, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Department at 355 Business Center Dr., Horsham, PA 19044.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility:**

State	Service	Website	Phone Number
Alabama	Medicaid	<a href="http://myalhipp.com/">http:// myalhipp.com/</a>	1-855-692-5447
Alaska	Medicaid	<a href="http://myakhipp.com/">http://myakhipp.com/</a> <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	1-866-251-4861
Arkansas	Medicaid	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California	Medicaid	<a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>	1-916-445-8322
Colorado	Medicaid	<a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>	1-800-221-3943
	CHP+	<a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>	1-800-359-1991
	HIBI	<a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>	1-855-692-6442
Florida	Medicaid	<a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	1-877-357-3268
Georgia	Medicaid (HIPP)	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>	1-678-564-1162, Press 1
	Medicaid (CHIPRA)	<a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	1-678-564-1162, Press 2
Indiana	Medicaid	<a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>	1-800-403-0864 1-800-457-4584
Iowa	Medicaid	<a href="https://hhs.iowa.gov/medicaid">https://hhs.iowa.gov/medicaid</a>	1-800-338-8366
	CHIP	<a href="https://hhs.iowa.gov/medicaid/plans-programs/hawki">https://hhs.iowa.gov/medicaid/plans-programs/hawki</a>	1-800-257-8563
	HIPP	<a href="https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program">https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program</a>	1-888-346-9562
Kansas	Medicaid	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884
	HIPP		1-800-967-4660
Kentucky	Medicaid	<a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	
	CHIP	<a href="https://kynect.ky.gov">https://kynect.ky.gov</a>	1-877-524-4718
	KI-HIPP	<a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>	1-855-459-6328
Louisiana	Medicaid	<a href="http://www.medicare.la.gov">www.medicare.la.gov</a>	1-888-342-6207
	HIPP	<a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-855-618-5488
Maine	Medicaid	<a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>	1-800-442-6003 or

State	Service	Website	Phone Number
		<a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	1-800-977-6740
Massachusetts	Medicaid/ CHIP	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>	1-800-862-4840
Minnesota	Medicaid	<a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>	1-800-657-3672
Missouri	Medicaid	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	1-573-751-2005
Montana	Medicaid	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
Nebraska	Medicaid - Lincoln - Omaha	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 1-402-473-7000 1-402-595-1178
Nevada	Medicaid	<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>	1-800-992-0900
New Hampshire	Medicaid	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	1-603-271-5218 1-800-852-3345 (ext. 15218)
New Jersey	Medicaid	<a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>	1-800-356-1561
	CHIP	<a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	1-800-701-0710
New York	Medicaid	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina	Medicaid	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	1-919-855-4100
North Dakota	Medicaid	<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>	1-844-854-4825
Oklahoma	Medicaid and CHIP	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon	Medicaid and CHIP	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
Pennsylvania	Medicaid	<a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>	1-800-692-7462
	CHIP	<a href="https://www.pa.gov/agencies/dhs/resources/chip">https://www.pa.gov/agencies/dhs/resources/chip</a>	1-800-986-5437
Rhode Island	Medicaid and CHIP	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 1-401-462-0311
South Carolina	Medicaid	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota	Medicaid	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas	Medicaid	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
Utah	UPP	<a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>	1-888-222-2542
	Medicaid	<a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>	
	CHIP	<a href="https://chip.utah.gov/">https://chip.utah.gov/</a>	
Vermont	Medicaid	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427
Virginia	Medicaid and CHIP	<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>	1-800-432-5924
Washington	Medicaid	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia	Medicaid	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>	1-304-558-1700
	CHIP	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-855-699-8447
Wisconsin	Medicaid and CHIP	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
Wyoming	Medicaid	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

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 <b>www.dol.gov/agencies/ebsa</b> 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <b>www.cms.hhs.gov</b> 1-877-267-2323, Menu Option 4, Ext. 61565
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