


2024 Benefits Guide

Benefits Effective
January 1 – December 31, 2024



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Ascendis Pharma has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Ascendis Pharma reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Ascendis Pharma share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Ascendis Pharma.

Welcome to Ascendis Pharma

We are excited to offer you a robust, comprehensive and flexible benefits program that can fit your needs and those of your family.

Our most important goal is to make your benefits enrollment process as smooth and informative as possible. This overview provides important information about your benefits and contributions.

Outside of your initial enrollment period, you are only allowed to change your enrollment when a qualified life event (i.e. birth, adoption, marriage, divorce, etc.) has occurred.

The landscape of health care in the United States has changed dramatically as a result of the Affordable Care Act (ACA). Health care costs continue to rise.

We urge you to read this booklet carefully while considering your benefit needs before making an election. We also encourage you to discuss your options with your covered family members.

BENEFITS QUESTION?

Any questions should be directed to ADP My Life Advisor by calling **855-547-8508** or email **MyLifeAdvisor@adp.com**.



Benefits Overview



MEDICAL PLANS

There are four Cigna medical plans and three Kaiser medical plans to choose from. See **pages 4-6** for overview and contributions.



FLEXIBLE SPENDING ACCOUNTS

The maximum contribution to the Health Care Reimbursement Account is \$3,200 for calendar year 2024. We offer a Limited Purpose Health Care Reimbursement Account for anyone participating in the HDHP. There is a \$640 carryover feature on the FSA. Please see **page 8** for more information.



DENTAL PLANS

There is one dental option offered through Cigna Dental. See **page 10** for plan details and contributions.



VISION PLAN

Vision coverage is offered through Ameritas, with the option to choose between the EyeMed or VSP network. See **page 11** for more details and contributions.



LIFE AND DISABILITY COVERAGE

See **page 12** for more details on your voluntary life and disability options.



401(K)

The 2024 IRS annual contribution limit is \$23,000. There is a special catch-up contribution of \$7,500 available to individuals at least 50 years of age. See **page 12**.



LEGAL PLAN:

You can purchase legal insurance with MetLife. See **page 13** for details.



PET INSURANCE:

Pet insurance is offered through MetLife. See **page 13**.



EMPLOYER EAP:

We offer an EAP program through UNUM. See **page 13**.



VOLUNTARY BENEFITS:

Accident, Critical Illness, and Hospital Indemnity coverage are available to you through UNUM. See **page 14**.



Eligibility Requirements

WHO IS ELIGIBLE TO PARTICIPATE?

You are eligible to participate in the benefits program if you are a regular, full-time employee scheduled to work a minimum of 30 hours per week. Benefits begin on the date of hire.

WHICH FAMILY MEMBERS CAN BE COVERED?

When you enroll yourself in the benefits program, you may also cover your eligible dependents in the Ascendis Pharma group health plan. Please review your dependents' eligibility to ensure they meet requirements to be covered under the Ascendis Pharma benefit plans. Eligible dependents include your:

- Legal Spouse (“Spouse” means the person recognized as a covered employee’s husband or wife under the laws of the state where the covered employee lives.)
- Qualified Domestic Partner
- Dependent Children are covered under the medical, dental and vision plans up to the end of the birth month in which they turn 26

COST

Ascendis Pharma pays a portion of the cost of your health coverage. Your contributions for your coverage are deducted from your pay on a pre-tax basis. The current cost for health coverage is outlined in this guide.

QUALIFIED LIFE EVENTS

After your initial enrollment period, you may make changes to your benefit elections only during the annual enrollment period, unless you have a qualified family status change as defined by the IRS. If a change in status occurs, you are permitted to make changes consistent with the event.

Qualified Life Events, as defined by the IRS, include:

- Marriage or divorce
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage or reaching the dependent child age limit
- Changes in your Spouse’s/Qualified Domestic Partner’s employment affecting benefit eligibility

If any of these changes occur, it is your responsibility to add or remove your dependent(s) within 30 days of the date of the qualifying event.



Medical Plans

CIGNA MEDICAL PLAN OVERVIEW

Plan Benefit	Cigna High Deductible Health Plan HSA		Cigna Low Plan		Cigna High Plan		Cigna In-Network Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Deductible (Ded.) Individual / Family	\$3,200 / \$6,400	\$6,400 / \$12,800	\$250 / \$750	\$750 / \$2,250	\$500 / \$1,500	\$1,500 / \$4,500	\$0 / \$0
Coinsurance	80%	60%	80%	60%	80%	60%	100%
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$2,500 / \$5,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited
Preventive Care	No charge	40% after ded.	No charge	40% after ded.	No charge	40% after ded.	No charge
Physician / Specialist Office Visit	20% after ded.		\$20 / \$30 copay		\$30 / \$50 copay		\$20 / \$40 copay
Laboratory & X-Ray, CT Scan, MRI, Ultrasound Services	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.	No charge; \$100 copay complex imaging
Hospital Inpatient							\$500 copay
Outpatient Surgery							\$250 copay
Emergency Room	20% after ded.		\$150 copay then 20% after ded.		\$150 copay then 20% after ded.		\$100 copay
Prescription Drugs							
Rx Deductible	Subject to medical ded.		None		None		None
Generic	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay
Preferred Brand	\$40 copay		\$30 copay		\$30 copay		
Non-preferred Brand	\$60 copay		\$60 copay		\$50 copay		
Specialty	30%	20%	20%				

The Cigna PPO and HDHP provide both in-network and out-of-network benefits. The Cigna EPO provides in-network benefits only.

Medical Plans

KAISER MEDICAL PLAN OVERVIEW

	Kaiser HMO 20	Kaiser HMO 30	Kaiser HSA 3200
Plan Benefit	In-Network	In-Network	In-Network
Deductible (Ded.) Individual / Family	None / None	\$1,000 / \$2,000	\$3,200 / \$6,400
Coinsurance	100%	80%	90%
Out-of-pocket Maximum Individual / Family	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,950 / \$11,900
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Physician / Specialist Office Visit	\$20 / \$35 copay	\$30 / \$45 copay	10% after ded.
Laboratory & X-Ray, CT Scan, MRI, Ultrasound Services	No charge	\$10 after ded.	10% after ded.
Hospital Inpatient	\$250 / admit	20% after ded.	10% after ded.
Outpatient Surgery	\$35 / procedure		
Emergency Room	\$100 copay		
Prescription Drugs			
Rx Deductible	None	None	Subject to medical ded.
Generic	\$10 copay	\$10 copay	\$10 copay
Brand	\$35 copay	\$35 copay	\$35 copay
Specialty	20% (up to \$150 max)	20% (up to \$150 max)	20% (up to \$150 max)

The Cigna PPO and HDHP provide both in-network and out-of-network benefits. The Cigna EPO provides in-network benefits only.



Medical Contributions

CIGNA PLAN CONTRIBUTIONS

	Semi-Monthly	Bi-Weekly
Cigna HMO		
Employee	\$20.78	\$19.18
Employee + Spouse	\$130.88	\$120.81
Employee + Child(ren)	\$118.41	\$109.30
Employee + Family	\$186.96	\$172.58
Cigna PPO 250		
Employee	\$62.00	\$57.24
Employee + Spouse	\$221.93	\$204.86
Employee + Child(ren)	\$200.79	\$185.34
Employee + Family	\$317.04	\$292.66
Cigna PPO 500		
Employee	\$22.38	\$20.66
Employee + Spouse	\$141.01	\$130.16
Employee + Child(ren)	\$127.58	\$117.77
Employee + Family	\$201.44	\$185.95
Cigna HSA		
Employee	\$17.02	\$15.71
Employee + Spouse	\$107.23	\$98.99
Employee + Child(ren)	\$97.02	\$89.56
Employee + Family	\$153.19	\$141.41

KAISER PLAN CONTRIBUTIONS

	Semi-Monthly	Bi-Weekly
Kaiser HMO 20		
Employee	\$18.72	\$17.28
Employee + Spouse	\$123.58	\$114.07
Employee + Child(ren)	\$112.34	\$103.70
Employee + Family	\$179.76	\$165.93
Kaiser HMO 30		
Employee	\$16.46	\$15.19
Employee + Spouse	\$108.62	\$100.27
Employee + Child(ren)	\$98.75	\$91.15
Employee + Family	\$158.00	\$145.85
Kaiser HSA 3200		
Employee	\$13.62	\$12.58
Employee + Spouse	\$89.94	\$83.02
Employee + Child(ren)	\$81.76	\$75.47
Employee + Family	\$130.82	\$120.75

Nayya

TAKE THE GUESSWORK OUT FOR CHOOSING BENEFITS

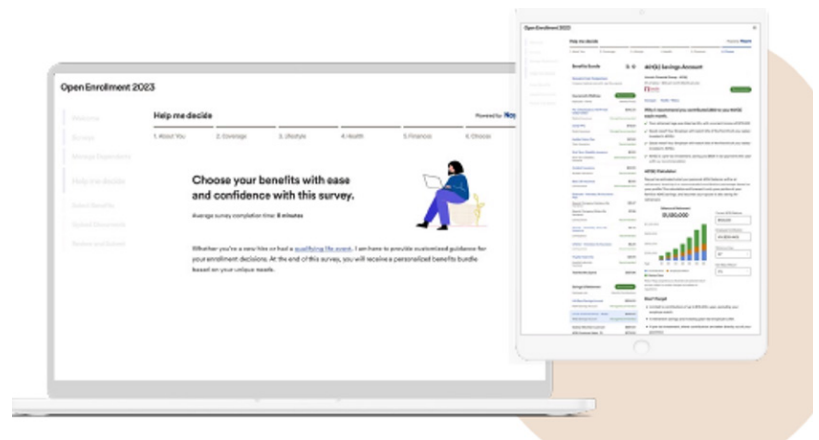
Use the decision support tool Nayya to help you select the benefits offerings that are right for you with a personalized approach.

Through a series of questions and step you will determine which benefits are the best fit for you and your family.

Your choices and relevant personal information is shared quickly, accurately and securely between your company and benefits provider.

Nayya provides a bundled recommendation for benefits available to you including voluntary benefits and retirement.

Nayya can be accessed through the ADP Portal.



Flexible Spending Accounts (FSAs) - Managed by HealthEquity

HEALTH CARE REIMBURSEMENT ACCOUNTS

Ascendis Pharma offers two Health Care Reimbursement Accounts:

HMO and PPO plan members may participate in the regular Health Care Flexible Spending Account. The regular Health Care Flexible Spending Account allows you to set aside up to \$3,200 per plan year from your salary on a pre-tax basis. Your contribution is placed in an account to reimburse you for eligible out-of-pocket health related expenses incurred during the plan year that are not paid for by your insurance. These include, but are not limited to, deductibles, copayments and prescription drugs. The money you set aside is pre-tax and therefore is not considered taxable income. As a result, you might pay less Federal, State, and Social Security taxes depending on your earnings and tax filing status.

HDHP/HSA Members: You can only participate in the Limited Purpose Health Care Flexible Spending Account.

LIMITED PURPOSE HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Federal law prohibits HDHP participants from participating in the regular Health Care Flexible Spending Account. Plan participants may, however, enroll in a Limited Purpose Health Care Flexible Spending Account, which allows participants to save on taxes when they pay eligible dental and vision care expenses. Medical expenses may be reimbursed only after the HDHP participant has met the HDHP annual deductible. You will need to submit an Explanation of Benefits (EOB) from your medical carrier showing you have reached the applicable deductible that applies to you.

\$640 CARRYOVER FOR HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

You can carry over up to \$640 of any remaining balance from 2023 into your 2024 account. The \$640 carryover does not affect your ability to elect up to the annual contribution maximum of \$3,200.

DEPENDENT CARE ACCOUNT

This plan allows you to set aside up to \$5,000 in pre-tax dollars through salary deductions to pay for qualifying dependent care expenses. Unlike the Health Care Flexible Spending Account, funds become available as your contributions are accrued.

Expenses must be for a dependent you can claim on your tax return and is under age 13, or physically/mentally incapable of caring for him/herself. Dependent care expenses are eligible only if they allow a single parent or both spouses to be employed, or to attend school full time.

Note: IRS regulations state that a family cannot set aside more than \$5,000 for dependent care if the spouses file their taxes jointly.

Health Savings Account (HSA) - Managed by HealthEquity

When you enroll in the HDHP, an HSA is automatically established for you. An HSA is a bank account that you own and may take with you regardless of where you work. You may use your HSA to pay for qualified medical, prescription drug, dental and vision expenses—while you are working or when you retire.

The HSA also offers the following tax advantages:

- Tax-free employee contributions.
- Tax-free account growth.
- Tax-free use of your HSA dollars.
- Portability—your account goes with you if you retire from or leave Ascendis Pharma.

When you participate in the HDHP, Ascendis Pharma will contribute for the 2024 plan year:

- \$2,000 for employee coverage
- \$5,000 for all other coverage levels

CONTRIBUTION LIMITS

You may also elect to make contributions through payroll deductions to help pay for eligible expenses on a tax-free basis.

The maximum you may contribute to a Health Savings Account for 2024 is \$4,150 for employee coverage and \$8,300 for all other coverage levels. (Maximums include Ascendis Pharma contributions.)

CATCH-UP CONTRIBUTION

HSA participants who are 55 or older by the end of the tax year can increase their contribution limit up to \$1,000 a year.



Dental Plan & Contributions

CIGNA PLAN OVERVIEW

Plan Benefit	Cigna Dental	
	In-Network	Out-of-Network
Annual Deductible Single / Family	\$50 / \$150	\$50 / \$150
Coinsurance		
Diagnostic / Preventive	100%	100%
Basic	90%	80%
Endodontics	Basic	Basic
Periodontics	Basic	Basic
Major	60%	50%
Orthodontia Coinsurance	50%	50%
Child Orthodontia Lifetime Max	\$1,500	\$1,500
Adult Orthodontia Lifetime Max	\$1,500	\$1,500
Calendar Year Max	\$2,500	\$2,500

DENTAL COVERAGE CONTRIBUTIONS

Cigna Dental	Semi-Monthly	Bi-Weekly
Employee	\$1.04	\$0.96
Employee + Spouse	\$6.68	\$6.17
Employee + Child(ren)	\$8.22	\$7.58
Employee + Family	\$12.84	\$11.85

Vision Plans & Contributions

AMERITAS VISION PLAN OVERVIEW

Plan Benefit	Ameritas – VSP Vision		Ameritas – EyeMed Vision	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams	\$10 copay		\$10 copay	N/A
Materials	\$25 copay		\$25 copay	N/A
Frequency	12 / 12 / 12		12 / 12 / 12	
Lenses				
Single	100%	Up to \$30	100%	Up to \$25
Bifocal		Up to \$50		Up to \$40
Trifocal		Up to \$65		Up to \$55
Frames				
Frames	Up to \$150	Up to \$70	Up to \$150	Up to \$75
Contacts (in lieu of lenses)				
Medically Necessary	100%	Up to \$210	100%	Up to \$210
Elective	Up to \$150	Up to \$120	Up to \$150	Up to \$120

AMERITAS VISION CONTRIBUTIONS

	Semi-Monthly	Bi-Weekly
Ameritas VSP		
Employee	\$0.22	\$0.20
Employee + Spouse	\$1.30	\$1.20
Employee + Child(ren)	\$1.12	\$1.04
Employee + Family	\$1.78	\$1.64
Ameritas EyeMed		
Employee	\$0.22	\$0.20
Employee + Spouse	\$1.30	\$1.20
Employee + Child(ren)	\$1.12	\$1.04
Employee + Family	\$1.78	\$1.64

Life / Disability / 401(k)

BASIC LIFE INSURANCE AND AD&D

(Paid by Ascendis)

- Life insurance can provide benefits to help reduce financial stress for your family members if you pass away during your working years
- AD&D insurance provides double indemnity should you pass due to a covered accident
- **Benefit:** 1X annual salary, up to a maximum benefit of \$500,000
- **Accelerated death benefit:** 100% to \$250,000
- **Benefit reduction:** to 65% at age 70 and 50% at age 75
- Life planning financial and legal resources
- Portable

VOLUNTARY LIFE AND AD&D

All full-time employees are eligible for voluntary life insurance and AD&D.

Your enrollment will be subject to the completion of a medical questionnaire and carrier approval.

Employee: \$50,000 increments up to a maximum of \$500,000.

Spouse: Up to 100% of the employee's election to a maximum benefit of \$500,000

- Spouse Guaranteed Issue: \$25,000

Child(ren): Up to 100% of the employee's election to a maximum benefit of \$10,000

LONG TERM DISABILITY

All full-time Ascendis Pharma employees are covered by Long Term Disability (LTD). This provides coverage if you are unable to work after more than six months due to an accident or illness. If you qualify for Long Term Disability benefits, you will receive 60% of your base salary (with a maximum benefit of \$10,000 per month) during the time you are disabled.

Ascendis Pharma pays the full cost of your LTD insurance premium. However, when premiums are paid for by the employer, benefit payments are considered taxable income.

401(K) AND CATCH-UP DEDUCTIONS

The IRS maximum elections for 2024 are:

- 401(k) – \$23,000
- Catch-up deductions – \$7,500*

* If you are over 50 years old or will be turning 50 in 2024, you are eligible for catch-up deductions.

Ascendis Pharma Employer Match

Ascendis Pharma will match 100% on employee contributions up to 4% of eligible compensation. The matching contributions are immediately vested.

Your contributions

You can choose to make elective contributions (pre-tax) and/or Roth 401(k) (after-tax) contributions through your paycheck. The type of contributions you make will depend on your personal financial goals and circumstances.

Additional Benefits

PET INSURANCE

All employees are eligible to purchase Pet Insurance through MetLife. We know you care about your pets and consider them members of your family. So whether your family includes kids with two feet or kids with four paws—or both—you know what responsibility looks like.

So why not give your pets the best health care available?

The MetLife suite of pet insurance plans is composed of the plans specifically designed for employees and gives you superior protection at an unbeatable price, featuring:

- Flexible coverage up to 100% reimbursement
- Optional preventive care coverage
- 24/7 access to Telehealth concierge services
- Discounts and offers on pet care

Call **800-GET-MET8** to learn more.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP Unum Work/Life Balance is a confidential counseling and referral service available to you and your family members at no cost.

The EAP offers 24/7 telephone access to licensed professionals who can help with concerns regarding marriage and relationships, depression, anxiety, stress, grief, substance abuse, childcare, elder care, work-related issues, and much more.

The EAP may refer you to a local counselor who can address your concerns in person. The EAP provides 3 free face-to-face consultations per issue per person each year.

The program also gives you access to:

- Childcare and elder care resources.
- Financial and legal consultations and information.
- Identity theft prevention and recovery.

EAP services are confidential. No information will be shared with your employer.

To take advantage of the services and resources available through the EAP, call **800-854-1446**.

You can also access valuable information online at www.unum.com/lifebalance.

AUTO AND HOME INSURANCE

You have the option to purchase auto and home insurance with MetLife administered by Farmers Insurance. Some features include:

- GroupSelect discounts and benefits
- Good driving rewards
- 24/7 superior service
- Multi-policy discounts

Call **800-GET-MET8** to learn more.

METLIFE LEGAL

Life events can lead to unexpected legal concerns that are difficult to handle alone. Enrolling in a legal insurance plan reduces the stress of finding and paying for an attorney when it matters most.

MetLife offers a legal insurance plan that provides support and protection for unexpected personal legal issues.

As a member, you have access to a national network of over 18,000 attorneys who are matched to your specific legal needs, some of which include:

- Home and consumer (Buying, selling, foreclosure and tenant disputes).
- Financial (Debt collection, collections, contracts).
- Auto and traffic (Traffic matters and license suspensions).
- Family (Separation, adoption, name change).
- Estate planning and wills (Will, living will, health care power of attorney).

Voluntary Benefits

ACCIDENT INSURANCE

Accident Insurance helps cover the cost of emergency medical care and other unexpected expenses that result from an accidental injury. Covered injuries and expenses may include:

- Broken bones, burns and torn ligaments.
- Cuts requiring stitches.
- Concussions.
- Emergency room treatment and hospitalization.
- Outpatient surgery.

CRITICAL ILLNESS INSURANCE

A Critical Illness plan which provides a lump sum cash payment for a specified serious illness regardless of any other payments you may receive from other plans. Including:

- Coronary artery disease major (50%)
minor (10%)
- End-stage renal failure
- Heart Attack
- Organ Transplant
- Invasive Cancer
- Non-invasive Cancer (25%)
- Skin Cancer (\$500)
- Benign Brain Tumor

HOSPITAL INDEMNITY INSURANCE

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion. The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You'll receive a cash benefit for the following related to a hospitalization:

- Hospital admission (\$1,500 per insured)
- Hospital daily stay (\$100 per day up to maximum of 365 days per year)
- Hospital short stay (\$500 per insured)
- Hospital ICU admission (\$1,500 per insured)
- Hospital ICU daily stay (\$100 per day up to maximum of 30 days per year)



Health Plan Notices

MEDICARE NOTICE OF CREDITABLE COVERAGE

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE NOTICE OF CREDITABLE COVERAGE

This Notice applies only if you and/or your dependent(s) are enrolled in a Ascendis Pharma medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with Ascendis Pharma and 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 employer 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 employer 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. Ascendis Pharma has determined that the prescription drug coverage offered under the Ascendis Pharma plan(s) are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your 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.

Health Plan Notices

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 to December 7th. However, if you lose your 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 Employer Coverage If You Decide to Join A Medicare Drug Plan

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage, be aware that you and your dependents will be eligible to receive health and prescription drug benefits in the future.

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 employer coverage and don't join a Medicare drug plan within 63 continuous days after the 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) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR EMPLOYER PRESCRIPTION DRUG COVERAGE...

Contact the person listed below 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 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.

Health Plan Notices

For More Information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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
- 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, visit Social Security 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 join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join 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).

September 1, 2023

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Health Plan Notices

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 30 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

To request special enrollment or obtain more information, contact your health plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

Health Plan Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

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 individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

NOTICE OF HIPAA PRIVACY PRACTICES

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

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Ascendis Pharma Inc Health Plan (the "Plan") sponsored by Ascendis Pharma Inc ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually 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 past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

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Our Responsibilities

Ascendis Pharma Inc is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. We may share or discuss your PHI with your family members or others involved in your care or payment for your care, unless you object in writing and provide the objection to the Plan's HIPAA contact listed at the end of this Notice. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In any of these cases, we will disclose only the information necessary to resolve the issue at hand.

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For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

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Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities.

These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

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Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information 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.

Research. We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- 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.

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Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health

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information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we 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, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. 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, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

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Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must send your request in writing the individual listed at the end of this notice.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

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Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact to the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

HIPAA Contact

Jaymie DuBois
Head of HR, US
1000 Page Mill Road
Palo Alto, CA 94304

US_HR@ascendispharma.com

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

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PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

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

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

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

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ALABAMA – Medicaid

<http://myalhipp.com> | 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program:

<http://myakhipp.com> | 1-866-251-4861

CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com> | 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp> | 1-916-445-8322

hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado:

<https://www.healthfirstcolorado.com>

Member Contact Center:

1-800-221-3943 / State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

Customer Service: 1-800-359-1991 / State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

Customer Service: 1-855-692-6442

FLORIDA – Medicaid

<https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>
1-877-357-3268

GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

1-678-564-1162, Press 1

GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

1-678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64:

<http://www.in.gov/fssa/hip> | 1-877-438-4479

All other Medicaid:

<https://www.in.gov/medicaid> | 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://dhs.iowa.gov/ime/members>

1-800-338-8366

Hawki: <http://dhs.iowa.gov/Hawki> | 1-800-257-8563

HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> | 1-888-346-9562

KANSAS – Medicaid

<https://www.kancare.ks.gov> | 1-800-792-4884

HIPP: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium

Payment Program (KI-HIPP): <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

1-855-459-6328 | KIHIPPPROGRAM@ky.gov

KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>

1-877-524-4718

Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp

1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

https://www.mymaineconnection.gov/benefits/s/?language=en_US

1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium:

1-800-977-6740 TTY: Maine relay 711

<https://www.maine.gov/dhhs/ofl/applications-forms>

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa> | 1-800-862-4840

TTY: 711 | masspremassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/otherinsurance.jsp> | 1-800-657-3739

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MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
1-573-751-2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
1-800-694-3084 | HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov> | 1-855-632-7633
Lincoln: 1-402-473-7000 | Omaha: 1-402-595-1178

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> | 1-603-271-5218
HIPP program toll free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid> | 1-609-631-2392
CHIP: <http://www.njfamilycare.org/Default.aspx> | 1-800-701-0710

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid
1-800-541-2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov> | 1-919-855-4100

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

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx> | 1-800-692-7462

CHIP: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov> | 1-855-697-4347, or
1-401-462-0311 (Direct RlTe Share Line)

SOUTH CAROLINA – Medicaid

<https://www.scdhhs.gov> | 1-888-549-0820

SOUTH DAKOTA - Medicaid

<http://dss.sd.gov> | 1-888-828-0059

TEXAS – Medicaid

Website: <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>
CHIP: <http://health.utah.gov/chip> | 1-877-543-7669

VERMONT – Medicaid

<http://www.greenmountaincare.org> | 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>
Medicaid: 1-800-432-5924 **CHIP:** 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: 1-304-558-1700
CHIP Toll-free: 1-855-MyWVHIPP (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



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