



2025

Employee Benefits Guide

Effective January 1 – December 31, 2025



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Important Notice

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. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. Ascendis 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 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.

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.

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.

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.

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.

Benefits Question?

Any question 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 two Kaiser medical plans to choose from. See **pages 6-8** for overview and contributions.



Dental Plans

There is one dental plan option through Cigna Dental. See **page 12** for plan details.



Vision Plans

The vision coverage offered through Ameritas has dual coverage allowing the option to choose between VSP or EyeMed Network. See **page 13** for more information.



Flexible Spending Accounts

The maximum contribution to the Health Care Reimbursement Account is \$3,300 for calendar year 2025. 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 14** for more information.



Life and Disability

See **page 15** for details on voluntary life and disability options.



401(K)

The 2025 IRS annual contribution limit is \$23,500. For individuals over 50 years of age, there is a special catch-up contribution of \$7,500. See **page 15** for more information.



Legal Plan

See **page 16** for details on purchasing legal insurance through MetLife.



Pet Insurance

Pet insurance is offered through MetLife. See **page 16** for details.



Employer EAP

We offer an EAP program through Unum. See **page 16** for more information.



Voluntary Benefits

Accident, Critical Illness, and Hospital Indemnity coverage is offered through Unum. See **page 17**.

Eligibility Requirements

If you're a full-time employee, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. Benefits begin on the date of hire.

Which family members can be covered?

When you enroll yourself into benefits, you may also cover your eligible dependents.

Eligible dependents include the below:

- Your legal spouse or qualified domestic partner ¹
- Your Dependent Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to mental or physical disability

Qualifying Life Events

Once you enroll in your benefit plan, your elections remain in effect for the remainder of the calendar year. The only exception is if you have a qualifying change in status. Any benefit changes resulting from a Qualifying Life Event must be requested by the employee within 30 days of the event. These qualifying events include:

- Marriage, divorce or legal separation
- Birth, adoption, placement for adoption or custody of a child
- The death of a dependent
- A change in your spouse's employment that affects your benefits eligibility (starting a new job, leaving a job, starting or returning from an unpaid leave of absence or changing from part-time to full-time status, etc.)

Benefits Question?

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

¹ Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Ascendis Pharma on behalf of your domestic partner are generally considered taxable income to you. Contact US_HR@ascendispharma.com if you believe your domestic partner is exempt from federal or state taxes.

Medical Plan Options

Ascendis offers a variety of medical plan options to fit your needs. The High Deductible Health Plan HSA, Low Plan and High Plan offer both in and out-of-network coverage. With the Cigna In-Network plan you must always visit an in-network provider.

Medical Plans Summary

Plan Details	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
Calendar Year Deductible							
Individual	\$3,300	\$6,400	\$250	\$750	\$500	\$1,500	None
Family	\$6,600	\$12,800	\$750	\$2,250	\$1,500	\$4,500	None
Out-of-Pocket Max (includes deductible)							
Individual	\$5,000	\$15,000	\$3,000	\$6,000	\$4,000	\$12,000	\$2,500
Family	\$10,000	\$30,000	\$6,000	\$12,000	\$8,000	\$24,000	\$5,000
Lifetime Max	No Limit		No Limit		No Limit		No Limit
Coinsurance (portion you pay)	80%	60%	80%	60%	80%	60%	100%
Preventive Care	Covered 100%	40% after Ded	Covered 100%	40% after Ded	Covered 100%	40% after Ded	Covered 100%
Physician Services							
Office Visit	20% after Ded	40% after Ded		40% after Ded		40% after Ded	
Specialist Visit	20% after Ded	40% after Ded	\$20 copay \$30 copay	40% after Ded	\$30 copay \$50 copay	40% after Ded	\$20 copay \$40 copay
Urgent Care Copay	20% after Ded	40% after Ded	30% after Ded	40% after Ded	\$30 copay	40% after Ded	\$20 copay
Emergency Room Copay (waived if admitted)	20% after Ded	20% after Ded	\$150 copay then 20% after Ded		\$150 copay then 20% after Ded		\$100 copay
Inpatient Hospital (per admission)	20% after Ded	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded	\$500 copay
Lab and X-Ray Services	20% after Ded	40% after Ded	20% after Ded	40% after Ded	20% after Ded	40% after Ded	No Charge
Prescription							
Tier 1	\$15 copay	Not Covered	\$15 copay	Not Covered	\$15 copay	Not Covered	\$15 copay
Tier 2	\$40 copay		\$30 copay		\$30 copay		
Tier 3	\$60 copay		\$60 copay		\$50 copay		
Specialty Drugs	20%		20%		20%		

2025 Annual Company HSA Contributions	
Employee Only	\$2,000
All other coverage levels	\$5,000

Medical Plan Options

You have the choice of two options within Kaiser. You must stay in-network by receiving care at a Kaiser facility.

Medical Plans Summary

	Kaiser HMO	Kaiser High Deductible HSA
Plan Details	In-Network	In-Network
Calendar Year Deductible		
Individual	None	\$3,300
Individual w/family coverage	None	\$3,300
Family	None	\$6,600
Coinsurance	100%	90%
Out-of-Pocket Max (includes deductible)		
Individual	\$1,500	\$6,050
Individual w/family coverage	\$1,500	\$6,050
Family	\$3,000	\$12,100
Lifetime Max	Unlimited	Unlimited
Preventive Care	\$0 copay	\$0 copay
Physician Services		
Office Visit	\$20 copay	10% after deductible
Specialist Visit	\$35 copay	10% after deductible
Urgent Care Copay	\$20 copay	10% after deductible
Emergency Room Copay (waived if admitted)	\$100 copay	10% after deductible
Inpatient Hospital (per admission)	\$250 / admit	10% after deductible
Lab and X-Ray Services	No charge	10% after deductible
Prescription		
Generic	\$10 copay	\$10 copay
Formulary	\$35 copay	\$30 copay
Specialty Drugs	20% up to \$150 max	20% up to \$150 max

2025 Annual Company HSA Contributions

Employee Only	\$2,000
All other coverage levels	\$5,000

Health Savings Account (HSA)

When you enroll in the HDHP, an HSA is automatically set up for you. An HSA is a bank account that can be used to pay for qualified health care expenses, such as; deductibles, coinsurance and prescription drug costs. You are eligible for an HSA when enrolled in a medical high deductible health plan. Ascendis HSA is managed by HealthEquity.

All Employee's are eligible for an HSA if the following criteria is satisfied:

- Covered by a HDHP
- Not enrolled in any other health plan
- Not claimed as a dependent on someone else's tax return
- You or your spouse do not have a traditional Health Care FSA
- Not enrolled in Medicare

First-time HDHP/HSA Participants

If you have a balance in a healthcare FSA on January 1, including pending claims that have not cleared your account by December 31, you cannot begin your own HSA contributions or receive employer contributions, until April 1st. Be sure to submit your FSA reimbursements before end of the year.

Ascendis Pharma Contribution
for Employee Only Coverage
\$166.67/month

+

Ascendis Pharma Contribution
for
Family Coverage
\$416.67/month

Your contribution is
based on plan year
January 1, 2025 -
December 31, 2025

IRS 2025 Health Savings Account (HSA) Maximums (calendar year Jan/Dec)

Single HSA	\$4,300
Family HSA	\$8,550
Catch-up Contribution (Age 55+)	\$1,000

Advantages of an HSA

- Start, stop or change your HSA election at anytime
- Money in the account belongs to you
- Employer contributions
- Funds rollover from year to year
- Invest your account

Medical Contributions

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck semi-monthly for salaried employees and bi-weekly for hourly employees.





Contribution Summary

	Semi-Monthly	Bi-Weekly
Cigna In-Network Plan		
Employee	\$28.60	\$26.40
Employee + Spouse	\$180.14	\$166.28
Employee + Children	\$162.98	\$150.44
Employee + Family	\$257.34	\$237.54
Cigna Low Plan		
Employee	\$78.16	\$72.15
Employee + Spouse	\$280.30	\$258.73
Employee + Children	\$253.60	\$234.10
Employee + Family	\$400.42	\$369.62
Cigna High Plan		
Employee	\$28.55	\$26.35
Employee + Spouse	\$179.88	\$166.04
Employee + Children	\$162.74	\$150.23
Employee + Family	\$256.96	\$237.20
Cigna High Deductible HSA Plan		
Employee	\$24.29	\$22.42
Employee + Spouse	\$153.02	\$141.24
Employee + Children	\$138.44	\$127.79
Employee + Family	\$218.59	\$201.78

	Semi-Monthly	Bi-Weekly
Kaiser HMO		
Employee	\$20.66	\$19.07
Employee + Spouse	\$136.33	\$125.84
Employee + Children	\$123.94	\$114.40
Employee + Family	\$198.30	\$183.04
Kaiser High Deductible HSA Plan		
Employee	\$15.63	\$14.43
Employee + Spouse	\$103.16	\$95.22
Employee + Children	\$93.78	\$86.57
Employee + Family	\$150.04	\$138.50

Where to Go for Care

With so many options for care, how do you know which is best for the flu, a broken bone or physical exam? Depending upon where you receive medical attention, the cost can vary immensely. Here's a general guideline that can help you save on health care expenses and your time.

Location of Care	Cost	Common Conditions	Time Investment
Telemedicine 	\$	<ul style="list-style-type: none"> • Cough/cold/sinus/flu • Earaches/stomach pain/diarrhea • Rashes/allergies/insect bites • Urinary tract infections • Pink eye 	<p>Appointments typically available within an hour</p> <p>No need to leave home</p>
Primary Care Physician or Retail Clinic 	\$\$	<ul style="list-style-type: none"> • Checkups • Preventive services • Vaccinations and screenings • General health management • Sick visits for minor conditions 	<p>Usually need appointment</p> <p>Short wait times</p>
Urgent Care 	\$\$\$	<ul style="list-style-type: none"> • Severe Fever and flu symptoms • Sprains and strains • Stitches • Minor burns • Minor infections • Minor broken bones 	<p>No appointment needed</p> <p>Typically have extended hours</p>
Emergency Room 	\$\$\$\$	<ul style="list-style-type: none"> • Chest pain • Heavy bleeding • Large open wounds • Spinal or head injuries • Major broken bones • Severe cuts/burns • Numbness or weakness • Sudden vision change 	<p>Open 24/7</p> <p>No appointment needed</p> <p>Wait times can be up to several hours.</p>

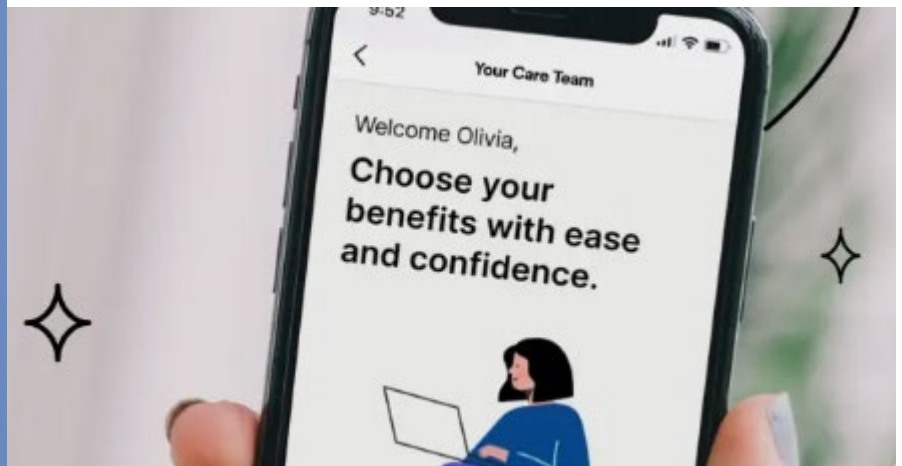
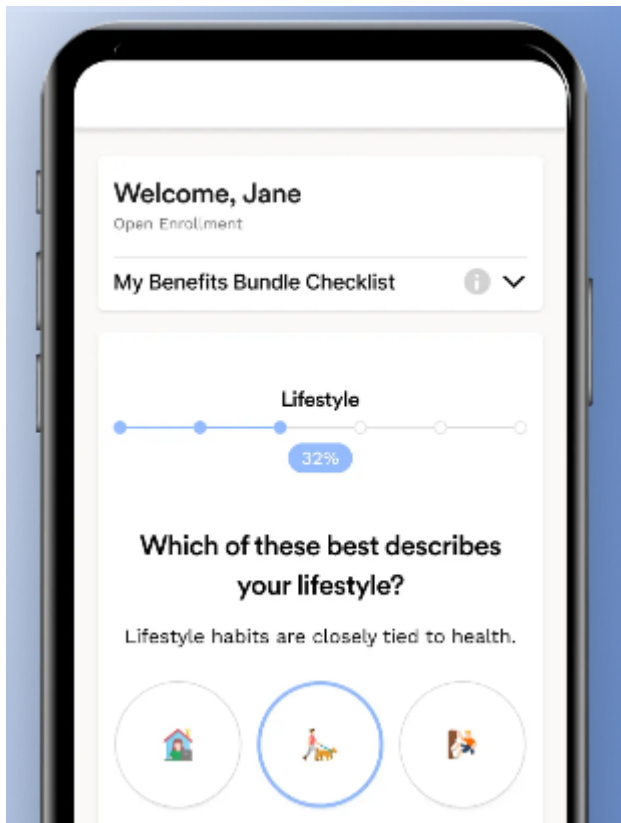
Nayya

Get the help you need choosing your benefits.

Nayya simplifies benefits for employees with intuitive experiences that are tailored to address individual needs.

Through a series of question and steps, you will determine which benefits are the best fit for you and your family. Your choices and relevant information are shared securely between Ascendis and benefits provider.

Nayya will provide you with a bundled recommendation for benefits available to you. Nayya can be accessed through the ADP Portal.



Dental Plan & Contributions

The Cigna dental plan is designed to keep you smiling year after year. Good dental health can have an impact on you as a whole and can be the first sign of a more serious health issue. Take advantage of our comprehensive plan and keep up with your preventive dental care.

Dental Plans Summary

Key Features	Cigna Dental	
	In-Network Only	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services (no deductible)	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Orthodontia Coinsurance	50%	50%
Orthodontics Lifetime Maximum		
Child	\$1,500	\$1,500
Adult	\$1,500	\$1,500
Annual Calendar Year Maximum	\$2,500	\$2,500

	Semi-Monthly	Bi-Weekly
Cigna Dental		
Employee	\$1.11	\$1.02
Employee + Spouse	\$7.15	\$6.60
Employee + Child(ren)	\$8.79	\$8.11
Employee + Family	\$13.74	\$12.68

Vision Plan & Contributions

You and your dependents have access to vision coverage through Ameritas. You have the choice between VSP or EyeMed. Both plan options offer in-network and out-of-network services. When you visit an in-network provider the plan pays for eligible expenses at a higher level. If you receive care outside the network, you will need to pay the full cost upfront and file a claim to be reimbursed for a portion of the costs.

Vision Plans Summary

Key Features	Ameritas – VSP Vision		Ameritas – EyeMed Vision	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	\$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	100%	Up to \$50	100%	Up to \$40
Trifocal	100%	Up to \$65	100%	Up to \$55
Frames	Up to \$150	Up to \$70	Up to \$150	Up to \$75
Contact Lenses (instead of glasses)				
Medically Necessary	100%	Up to \$210	100%	Up to \$210
Elective	Up to \$150	Up to \$120	Up to \$150	Up to \$120

	Semi-Monthly	Bi-Weekly
Ameritas VSP or EyeMed		
Employee	\$0.23	\$0.21
Employee + Spouse	\$1.41	\$1.30
Employee + Child(ren)	\$1.22	\$1.13
Employee + Family	\$1.94	\$1.79

Flexible Spending Account (FSA)

Ascendis Pharma offers Health Care and Dependent Care Reimbursement Accounts.

HMO and PPO Plan members may participate in the regular Health Care Flexible Spending Account. The regular Health care Spending Account allows you to set aside up to \$3,300 per plan year through payroll deductions – pre-tax. You are able to use these funds to reimburse yourself 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 copayments, deductibles and prescriptions.

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 enroll in a Limited Purpose Health care Flexible Spending Account, which allows participants to save on taxes when paying for eligible dental and vision care expenses.

Carryover for Health Care Flexible Spending Accounts.

You can carry over up to \$640 of any remaining balance from 2024 into your 2025 account.

Dependent Care Account This plan allows you to set aside up to \$5,000 in pre-tax dollars through payroll deductions to help pay for qualifying dependent care expenses. Funds become available as your contributions are accrued. Expenses must be for a dependent you can claim on your tax return under age 13.

Life Insurance, Disability and 401(k)

Basic Life and AD&D *(Paid by Ascendis)*

Ascendis Pharma provides you with Basic Life and AD&D insurance. Life Insurance can provide benefits to help reduce financial stress for your family 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

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 \$500,000 maximum
- **Spouse:** Up to 100% of the employee's election to \$500,000 maximum (spouse guaranteed issue: \$25,000)
- **Children:** Up to 100% of the employee's election to a \$10,000 maximum benefit

Long Term Disability

All full-time employees are covered by Long Term disability (LTD). Long Term Disability provides coverage if you are unable to work after more than six months due to injury or illness. If you qualify for LTD you will receive 60% of your base salary (\$10,000 maximum 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 2025 are:

- **401(K)** - \$23,500
- **Catch-up deductions (age 50-59)** - \$7,500
- **Catch-up deductions (age 60-63)** - \$11,250

Ascendis Pharma will match 100% on employee contributions up to 4% of eligible compensation. The matching contributions are immediately vested. You can choose to make elective contributions pre-tax) and/or Roth 401(k) after tax contributions through your paycheck.

Additional Benefits

Pet Insurance

All employees are eligible to purchase pet insurance through MetLife. The MetLife pet insurance plan gives you superior protections at an unbeatable price. Call **800-GET-Met8** to learn more.

Services include:

- Flexible coverage up to 100% reimbursement
- Optional preventative care coverage
- 24/7 access to Telehealth services
- Discounts on pet care

Employee Assistance Program

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

The EAP offers 24/7 access to licensed professionals who can help with life's challenges regarding marriage, divorce, depression grief, substance abuse, childcare and stress.

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

EAP services are confidential.

Call **800-854-1446** or access information online at www.unum.com/lifebalance.

Auto and home insurance

You can purchase auto and home insurance with MetLife administered by Farmers Insurance. Call **800-GET-Met8** to learn more.

Features include:

- GroupSelect discounts
- Good driving rewards
- 24/7 customer service
- Multi-policy discounts

MetLife legal

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

You will have access to a national network of over 18,000 attorneys who are matched to your specific legal needs. Some include:

- Home and consumer (Buying, selling foreclosure and tenant disputes)
- Financial (collections and contracts)
- Auto and Traffic (license suspensions and traffic matters)
- Family (divorce, adoption, name change)
- Estate planning (Living will, will, power of attorney)

Voluntary Benefits

Accident Insurance

Accident Insurance helps cover the cost of emergency medical care, physical therapy 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
- Chiropractic care and physical therapy

Hospital Indemnity

Hospital Indemnity Insurance provides a cash payment if you or a covered family member are admitted to the hospital.

- Hospital admission - \$1,500 per insured
- Hospital daily stay - \$100 per day up to a maximum 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

Critical Illness

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as childcare or mortgage payments. Covered illnesses may include:

- Heart attack or coronary artery disease
- Stroke
- Benign brain tumor
- Major organ failure
- Kidney failure
- Cancer



Accident

Be prepared for an accidental injury with a plan that provides benefits for many of the associated costs.



Critical Illness

Pays a benefit if you are diagnosed with a serious illness covered by the plan.



Hospital Indemnity

Provides a cash benefit during hospital confinement to use as you see fit.

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, Inc 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, Inc 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.**
- 1. Ascendis Pharma, Inc determined that the prescription drug coverage offered under the Ascendis Pharma, Inc 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.**

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.

Health Plan Notices

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.

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.

Health Plan Notices

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).

**November 7, 2024
Ascendis Pharma, Inc
1000 Page Mill Road
Palo Alto, CA 94304
(650) 352-8389**

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.

Health Plan Notices

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.

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.

Health Plan Notices

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.

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.

Health Plan Notices

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.

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.

Health Plan Notices

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.

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.

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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 information, 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 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.

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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.

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 to the individual listed at the end of this notice.

Health Plan Notices

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 to 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.

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 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

**Ascendis Pharma, Inc
1000 Page Mill Road
Palo Alto, CA 94303
(650)352-8389**

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA - Medicaid	ALASKA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO - Medicaid and CHP+	FLORIDA - Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY - Medicaid	LOUISIANA - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid	MASSACHUSETTS - Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA - Medicaid	MISSOURI - Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid	NEBRASKA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY - Medicaid and CHIP	NEW YORK - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid	NORTH DAKOTA - Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	RHODE ISLAND - Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	UTAH - Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT - Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	VIRGINIA - Medicaid and CHIP Website: 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/CHIP Phone: 1-800-432-5924
WASHINGTON - Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	WEST VIRGINIA - Medicaid Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number.

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Prepared By

