



2017 – 2018 Employee Benefits Guide

- Medical Insurance
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Dear Employees:

The benefits program at Syros Pharmaceuticals is designed to meet the unique needs of our employees and their families. We seek to offer comprehensive benefits that are affordable, that provide choice, and that are competitive with other organizations in our industry. Within this booklet, you will find an overview of many of the plans that will be available during the 2017-2018 plan year. We encourage you to take advantage of the benefits that are available.

- **Plan Year:** Our benefits plan year begins on December 1 and ends on November 30. However, the Health and Dependent Care Flexible Spending Account plans begin on January 1 and end on December 31.
- **Eligibility:** All active, regular employees working 30 hours per week are eligible to participate.
- **Enrollment Periods:** The annual Open Enrollment period is often your only chance to elect or change your benefits coverage. After the Open Enrollment period, you will not be able to make changes to your elections during the year unless you experience a Qualifying Life Event (examples include loss or gain of coverage through your spouse, birth or adoption of a child, marriage, divorce or legal separation, etc.)
- **What You Need to Do Upon Hire or Open Enrollment:** All eligible employees must log-in to the *HRconnection* portal to elect or waive their benefit plan options. Please visit <https://www.HRconnection.com> to get started.

New employees will receive a registration email for *HRconnection*. Please follow the instructions to create an account. If you don't remember your log-in information, please utilize the "Forgot Your Password" link on the log-in page.

All plan benefit summary documents will be available within our online employee benefits portal as well.

If you have questions regarding your benefits, contact Lisa Roberts in the Human Resources department via email at lroberts@syros.com or by phone at 617.744.1340 x211 or Kristy Riley at kriley@syros.com or by phone at 617.744.1340 x269.

- **Additional Benefits Provided by Syros:** We provide a number of additional benefit programs that are designed to support your physical well-being, financial needs, work-life balance, and more. To learn about those benefits, please contact the Human Resources department.

Disclaimer: Please note that this guide provides an overview of the benefits program. The benefits are governed by the official plan documents and not the information contained within this guide. If there is any discrepancy between the description of benefits within this guide and the official plan documents, the language of the official plan documents will prevail.

We are pleased to offer the **Harvard Pilgrim HMO** plan as a medical insurance option. Members must designate a Primary Care Physician and receive referrals.



Benefits/Services	In-Network	Out-of-Network
Annual Deductible	\$0	N/A
Out-of-Pocket Maximum (Individual / Family)	\$6,600 / \$13,200	N/A
Preventive Services	No charge	Not covered
Office Visits		
• Primary Care Physician	\$25 / visit	Not covered
• Specialist Visit	\$40 / visit	Not covered
• Chiropractor Visit	\$25 / visit	Not covered
Tests		
• Diagnostic test (x-ray, blood work)	No charge	Not covered
• Imaging (CT/PET scans, MRIs)	\$150 / procedure	Not covered
Hospitalization		
• Outpatient Surgery: Facility Fee	\$500 / visit	Not covered
• Inpatient Hospital Stay: Facility Fee	\$500 / admission	Not covered
Emergency Visits		
• ER Services	\$150 / visit	\$150 / visit
• Urgent care - Convenience care clinic:	\$25 / visit	Not covered
• Urgent care clinic:	\$40 / visit	Not covered
Mental Health / Substance Abuse		
• Outpatient Services	\$25 / visit	Not covered
• Inpatient Services	\$500 / admission	Not covered
Rehabilitation and Habilitation Services	\$25 / visit	Not covered
Durable Medical Equipment	20% coinsurance	Not covered

Prescription Drugs: Medication Type	Retail (30-day Supply)	Mail Order (90-day Supply)
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$150

We are pleased to offer the **Harvard Pilgrim PPO** plan as an option for your medical insurance needs.



Benefits/Services	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$0 / \$0	\$250 / \$500
Out-of-Pocket Maximum (Individual / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Preventive Services	No charge	20% Coinsurance <i>after deductible</i>
Office Visits		
• Primary Care Physician	\$25 / visit	20% Coinsurance <i>after deductible</i>
• Specialist Visit	\$40 / visit	20% Coinsurance <i>after deductible</i>
• Chiropractor Visit	\$25 / visit	20% Coinsurance <i>after deductible</i>
Tests		
• Diagnostic test (x-ray, blood work)	No charge	20% Coinsurance <i>after deductible</i>
• Imaging (CT/PET scans, MRIs)	\$100 / procedure	20% Coinsurance <i>after deductible</i>
Hospitalization		
• Outpatient Surgery: Facility Fee	\$500 / visit	\$500 copay and 20% coinsurance <i>after deductible</i>
• Inpatient Hospital Stay: Facility Fee	\$1,000 / admission	\$1,000 copay and 20% coinsurance <i>after deductible</i>
Emergency Visits		
• ER Services	\$150 / visit	\$150 / visit
• Urgent care - Convenience care clinic:	\$25 / visit	20% Coinsurance <i>after deductible</i>
• Urgent care clinic	\$40 / visit	20% Coinsurance <i>after deductible</i>
Mental Health / Substance Abuse		
• Outpatient Services	\$25 / visit	20% Coinsurance <i>after deductible</i>
• Inpatient Services	\$1,000 / admission	\$1,000 copay and 20% Coinsurance <i>after deductible</i>
Rehabilitation and Habilitation Services	\$25 / visit	20% Coinsurance <i>after deductible</i>
Durable Medical Equipment	No charge	20% Coinsurance <i>after deductible</i>

Prescription Drugs: Medication Type	Retail (30-day Supply)	Mail Order (90-day Supply)
Tier 1	\$5	\$10
Tier 2	\$20	\$40
Tier 3	\$30	\$60
Tier 4	\$50	\$150
Tier 5	20% coinsurance; Max. \$250	20% coinsurance; Max. \$750

Harvard Pilgrim provides a number of additional tools and programs to support its members year-round. Here are a few that you may be able to take advantage of:

Online Member Portal

Through the *HPHConnect* portal, you have a simple, secure, and convenient way to manage your health care. Through their portal, you can:

- Order ID cards
- Take a health assessment to develop a personal action plan
- Review recent claims, conditions, and medical history
- Find nearby doctors and hospitals

Visit <https://www.harvardpilgrim.org> to get started.



Telemedicine

All employees that are enrolled in one of the medical plans from Harvard Pilgrim may take advantage of their Telemedicine program. It is managed through *Doctor On Demand*. It gives you the ability to have physician video visits from your phone, tablet, or computer. Harvard Pilgrim members pay the PCP-level cost sharing, and no referral is required to see a Doctor on Demand provider. The physicians may treat nearly any non-emergency medical condition. In addition, you can receive a fast and paperless prescription fulfillment to your pharmacy.

To get started, please visit <http://www.doctorondemand.com/>.

Scan the QR Code to view a video of how the program works:



Wellness Reimbursement and Other Discount Programs

- **Fitness Reimbursement:** If you belong to a qualified health and fitness facility, Harvard Pilgrim may reimburse you up to \$150. Please visit <https://www.harvardpilgrim.org/public/discounts-savings/fitness-reimbursement> to apply for your reimbursement online, or to download the form that will enable you to apply by mail.
- **Member Savings Programs:** Harvard Pilgrim members may receive special savings on many health-related products and services, such as athletic footwear, complementary and alternative medicine, new parent support, eldercare, and more.

Please visit <https://www.harvardpilgrim.org/public/discounts-savings> to learn more.

We are pleased to offer the **Delta Dental PPO Plus Premier** plan for your dental care needs. You'll have access to two of Delta Dental's extensive networks --- **Delta Dental PPO** and **Delta Dental Premier**. Three out of four dentists nationwide participate in one or both networks.



- The deductible is \$50 for an individual and \$150 for a family. It is waived for Diagnostic and Preventive categories.
- The Calendar Year Maximum is \$1,500 per member for members age 19 and over.
- The Out of Pocket Maximum for members under age 19 is \$350, and is limited to \$700 per family.
- The Orthodontia benefit has a separate lifetime maximum of \$1,000 and is available for members to age 19.

Category / Procedure	PPO Network	Premier and Out-of-Network*
Diagnostic – evaluation, exams, x-rays	100%	100%
Preventive – cleaning, fluoride, sealants	100%	100%
Restorative – fillings, stainless steel crowns	85%	80%
Oral Surgery – extractions	85%	80%
Periodontics – surgery, scaling & planning	85%	80%
Endodontics – root canal treatment	85%	80%
Prosthetic Maintenance – repair, rebase	85%	80%
Prosthodontics – dentures, fixed bridges & crowns, implants	55%	50%
Major Restorative – crowns	55%	50%
Orthodontia	50%	50%

Note:

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Tools from Delta Dental

- **Manage Your Benefits Online:** All members are encouraged to set up an online account through Delta Dental's portal. It will enable you to find a dentist, check the status of claims, request and ID card, visit the oral health library, and more. Visit <http://www.deltadentalma.com/members/> to get started.
- **Delta Dental Mobile App:** Delta Dental's mobile app gives you access to dentist search, claims, and coverage on your mobile device. They even have a toothbrush timer built in to make sure you keep up with your daily oral health routine!

Scan the QR Code to download Delta Dental's mobile app:



We are pleased to offer a vision insurance plan from EyeMed.
This plan is on the INSIGHT network.



Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam	\$10 Copay	Up to \$50
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$130 Allowance; 20% of balance over \$130	Up to \$104
Standard Plastic Lenses		
• Single Vision	\$25 Copay	Up to \$42
• Bifocal	\$25 Copay	Up to \$78
• Trifocal and Lenticular	\$25 Copay	Up to \$130
• Standard Progressive Lens	\$75 Copay	Up to \$140
• Premium Progressive Lens	\$95 - \$120	Up to \$196
Contact Lens Fit and Follow-Up		
• Standard	Up to \$55	N/A
• Premium	10% off retail price	N/A
Contact Lenses		
• Conventional	\$0 copay; \$130 Allowance; 15% off price over \$130	Up to \$130
• Disposable	\$0 copay; \$130 Allowance; plus balance over \$130	Up to \$130
• Medically Necessary	\$0 Copay; Paid in Full	Up to \$210
Lens Options		
• UV Treatment; Tint	\$15	N/A
• Standard Plastic Scratch Coating	\$15	N/A
• Standard Polycarbonate – Adults	\$40	N/A
• Standard Anti-Reflective Coating	\$45	N/A
Frequency		
• Examination	Once every 12 months	
• Lenses or Contact Lenses	Once every 12 months	
• Frame	Once every 24 months	

For a complete list of providers near you, use the Enhanced Provider Locator on www.eyemed.com and choose the INSIGHT network or call 1-866-804-0982.

For Lasik providers, call 1-877-5LASER6 or visit www.eyemedlasik.com.

You may also scan the QR Code to access more information from EyeMed on your mobile device.

**Scan the QR Code to
Access EyeMed's
Website:**



A Flexible Spending Account allows you to set money aside pre-tax to pay for eligible medical, dental, vision or dependent care expenses. This account runs on a calendar year – from January 1 through December 31. These accounts are managed by *HRC Total Solutions*. They may be reached by phone at 603-647-1147 or online at <https://employee.hrcts.com>.

Health Care Reimbursement Account (Health FSA):

This program lets employees pay for certain IRS-approved expenses with pre-tax dollars. The annual maximum amount you may contribute to a Health Care FSA is **\$2,650** per calendar year. Your full election amount is available on the first day of the plan year.

Eligible expenses include associated costs with medical, dental, orthodontia, vision and hearing products and services, such as:

- Visits, procedures and services
- Equipment/supplies
- Laboratory Tests
- Imaging (i.e., MRI, CT scan)
- Prescription medications
- Over-the-counter supplies
- Prescribed over-the-counter medicine and drugs



Dependent Care Assistance Account (Dependent Care FSA):

The Dependent Care FSA lets employees use pre-tax dollars toward qualified expenses related to dependent day care such as after school child care. The annual maximum amount you may contribute to the Dependent Care FSA is **\$5,000** (or \$2,500 if married and filing separately) per calendar year.

The amount that you elect to contribute will be deducted, pre-tax, from each paycheck throughout the entire Plan Year. Your account balance is available for reimbursement based on the timing and frequency of your payroll deductions. As you incur eligible expenses you may submit a claim to draw funds from the account.

Eligible expenses under the IRS rules for dependent care include:

- A day care center, nursery school, summer day camp or after school program that meets state and local requirements. (An overnight camp does not qualify, since the dependent will not be in the home for at least 8 hours per day. Also, Kindergarten is not an eligible expense.)
- A babysitter inside or outside the home. Also, a housekeeper's wages may qualify as an eligible expense if his/ her duties include day care.
- A relative (over the age of 19 and is not your spouse or someone you claim as a dependent on your federal tax return) who cares for your children or dependent.



Group Life and AD&D

Syros provides and pays for a Group Life and AD&D insurance plan through Reliance Standard. The benefit is payable to your beneficiary in the event of your death.

Benefit	Details
Life Benefit Amount	2x Annual Earnings
Benefit Maximum	\$400,000
Guarantee Issue Amount	\$300,000
AD&D Benefit Maximum Amount	\$400,000
Reduces By	50% at Age 70

Disability Insurance

Syros provides and pays for a Short-Term Disability insurance plan and a Long-Term Disability insurance plan through Reliance Standard.

Short-Term Disability	Details
Elimination Period	7 days
Maximum Benefit Period	12 weeks
Benefit: Weeks 1 – 6	100% of salary
Benefit: Weeks 7 – 12	60% of salary
Long-Term Disability	Details
Elimination Period	90 days
Benefit Percentage	60%
Maximum Monthly Benefit	\$12,500

Additional Benefits from Reliance Standard

- ACI Employee Assistance/Work-Life Program:** Through this program, employees have access to professional counseling & referral services for themselves and their family. This includes problem resolution, legal consultations, financial consultations, and more. To access the program, please call 855-775-4357 or go to <http://rsli.acieap.com>.
- 24-Hour Travel Assistance Service:** This service, which is provided by On Call International, is designed to respond to most medical care situations & many emergencies you and your dependents may encounter when traveling more than 100 miles from home or in a foreign country. To use the service, please call: U.S. (800) 456-3893 / Worldwide collect (603) 328-1966.
- Identity Theft Full Restoration Services and Real-time Card Monitoring:** To learn about the Identity Theft restoration service, please call 1.855.246.7347. To utilize *WalletArmor*, which provides 24/7 online credential monitoring, please visit www.reliancestandard.com/walletarmor

Retirement Plan

Syros partners with Vanguard, one of the world's largest global investment management companies, to manage employee retirement plans. The 401(k) plan helps employees save and invest for retirement while receiving certain tax advantages.



New hires will be automatically enrolled in the Vanguard retirement plan and 6% of your pay will be deposited into your savings account each pay period. You have the opportunity to change your deferral amount or opt out of the program at any time. Changes will be effective the next payroll date.

If you make salary deferrals to the plan, you will be eligible to receive a Safe Harbor Matching Contribution equal to 100% of the amount you contribute to the Plan for each payroll period up to the first 1% of Plan Compensation plus 50% of the amount you contribute between 1% and 6% of Plan Compensation.

Visit <https://my.vanguardplan.com/vanguard> to make any changes to your retirement plan. If you forgot your password, please use the Forgot Password link available on the log in page. If you have any questions regarding your 401(k), you can call Vanguard at 800-523-1188.

Pet Insurance

We are pleased to offer a pet insurance program to all employees. This insurance plan will be run by *Pets Best*.



Employees will receive up to a 10% discount on their selected Pets Best plan.

Each plan is customized to each employee their specific pet care needs.

To get an instant quote, please visit <http://PetsBest.com/SYROSPET/> or call 888-984-8700 and reference discount code: *SYROSPET*.



Transportation

Please contact the Human Resources department to learn more about these benefits:

- **Parking:** Syros provides a parking benefit for multiple lots, in which our company pays the lot directly
- **Transit:** Syros pays for MBTA passes
- **Walking/Biking:** Syros provides a "green commuter" stipend to those who walk or bike

Flexible Time Off

Syros aims to create a workplace based on employee responsibility and performance, but which also recognizes the need for balance. We encourage employees to take time away from work, whether to spend time with family, enjoy hobbies, take care of personal matters or just relax. Syros' "Flexible Time Off" is our approach for employees to take paid time away from work to enjoy a vacation, attend a medical appointment, or attend to other personal or familial needs.

There is no set number of days or hours of time away from work with this approach. Employees are expected to use good judgment and common sense when deciding how much time off to request. Employees also are expected to meet all of their professional obligations and achieve excellence at work, regardless of how much time off they take.

Flexible Time Off is in lieu of vacation and personal day programs. This program generally does not apply to sick days or during extended leaves of absence or when our policies or benefits provide another source of pay for an absence. For information about other types of leave and paid leave benefits, please contact the Human Resources team.

Flexible Time Off can be requested through the *HRconnection* portal, which will ask you to identify the reason the time is being taken. Your manager will use the portal to approve or deny your requests. If you have questions regarding Flexible Time Off, please contact Human Resources.

2018 Holiday Schedule

- New Year's Day - Monday, January 1, 2018
- President's Day - Monday, February 19
- Marathon Monday - Monday, April 16
- Memorial Day - Monday, May 28
- Independence Day - Wednesday, July 4
- Labor Day - Monday, September 3
- Thanksgiving - Thursday, November 22
- Day After - Friday, November 23
- Holiday Close - Monday, December 24 through Tuesday, January 1, 2019



Employee Benefits Program Costs for 2017-2018

Please see the chart below which outlines the per pay period cost of your benefits.

	HMO	PPO	Dental
Employee Only	\$58.38	\$119.73	\$4.96
Employee + Spouse	\$116.76	\$239.45	\$14.34
Employee + Child(ren)	\$108.00	\$221.49	\$14.34
Family	\$166.38	\$341.22	\$14.34

Medical Insurance:

Carrier:	Harvard Pilgrim
Website:	https://www.harvardpilgrim.org
Find a Provider Phone #:	888-333-4742

Dental Insurance:

Carrier:	Delta Dental
Website:	http://www.deltadentalma.com/members
Find a Provider Phone #:	800-872-0500

Vision Insurance:

Carrier:	EyeMed
Website:	http://portal.eyemedvisioncare.com/wps/portal/em/eyemed/members
Find a Provider Phone #:	866-804-0982

Flexible Spending and Dependent Care Accounts:

Vendor:	HRC Total Solutions
Website:	https://employee.hrcts.com
Customer Relations Phone #:	603-647-1147
Customer Relations Email:	customerservice@hrcts.com

Life and Disability Insurance:

Carrier:	Reliance Standard
Website:	http://www.reliancestandard.com
Customer Care Center:	800-351-7500

Retirement Plan 401(k)

Carrier:	Vanguard
Website:	https://my.vanguardplan.com
Phone:	800-523-1188

Pet Insurance:

Carrier:	Pets Best
Website:	http://PetsBest.com/SYROSPET
Phone:	888-984-8700 (reference discount code: SYROSPET)

This section contains the open enrollment notices that are required to be provided by your employer.

- **Patient Protections (to choose doctor)**
- **Notice of Special HIPAA Enrollment Rights**
- **Notice of Women's Health and Cancer Rights Act**
- **Notice of Newborn's and Mothers' Health Protection Act**
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**
- **Notice of COBRA Rights**

If you have any questions, please contact:

Lisa Roberts
Human Resources Manager
Syros Pharmaceuticals
620 Memorial Drive | Suite 300
Cambridge, MA 02139
617.744.1340
lroberts@syros.com

Patient Protections (to choose doctor)

For the HMO medical plan, Harvard Pilgrim generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit <https://www.harvardpilgrim.org> or call 1--888-333-4742 for a list of network providers.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Syros Pharmaceuticals Human Resources department.

Notice of Women's Health and Cancer Rights (WHCRA)

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 the Medical Plan.

Notice of Newborn's and Mothers' Health Protection Act

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

Notice of COBRA Rights

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). You may have the right to continue group health coverage for yourself, your spouse or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the plan for the rules governing your COBRA continuation coverage rights, or contact the HR department for more information.

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 August 10, 2017. Contact your State for more information on eligibility –

State	Premium	Website	Phone
Alabama	Medicaid	http://myalhipp.com/	855-692-5447
Alaska	Medicaid	http://myakhipp.com/ and http://dhss.alaska.gov/dpa/Pages/medicaid/	866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	855-692-7447
Colorado	Medicaid CHIP+	https://www.healthfirstcolorado.com/ http://Colorado.gov/HCPF/Child-Health-Plan-Plus	800-221-3943 800-359-1991
Florida	Medicaid	http://flmedicaidprecovery.com/hipp/	877-357-3268
Georgia	Medicaid	http://dch.georgia.gov/medicaid	404-656-4507
Indiana	Medicaid	For low-income adults 19-64: http://www.in.gov/fssa/hip/ For all other Medicaid: http://www.indianamedicaid.com	877-438-4479 800-403-0864
Iowa	Medicaid	http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	888-346-9562
Kansas	Medicaid	http://www.kdheks.gov/hcf/	785-296-3512
Kentucky	Medicaid	http://chfs.ky.gov/dms/default.htm	800-635-2570
Louisiana	Medicaid	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	888-695-2447
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	800-442-6003
Massachusetts	Medicaid and CHIP	http://www.mass.gov/eohhs/gov/departments/masshealth/	800-862-4840
Minnesota	Medicaid	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	855-632-7633
Nevada	Medicaid	http://dwss.nv.gov/	800-992-0900
New Hampshire	Medicaid	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf	603-271-5218
New Jersey	Medicaid	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/	609-631-2392
	CHIP	http://www.njfamilycare.org/index.html	800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	800-541-2831
North Carolina	Medicaid	https://dma.ncdhhs.gov/	919-855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/Pages/index.aspx	800-699-9075
Pennsylvania	Medicaid	http://dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram	800-692-7462
Rhode Island	Medicaid	http://www.eohhs.ri.gov/	855-697-4347
South Carolina	Medicaid	http://www.scdhhs.gov	888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	888-828-0059
Texas	Medicaid	http://gethipptexas.com/	800-440-0493
Utah	Medicaid	https://medicaid.utah.gov/	877-543-7669
	CHIP	http://health.utah.gov/chip	877-543-7669
Vermont	Medicaid	http://www.greenmountaincare.org/	800-250-8427
Virginia	Medicaid	http://www.coverva.org/programs_premium_assistance.cfm	800-432-5924
	CHIP	http://www.coverva.org/programs_premium_assistance.cfm	855-242-8282
Washington	Medicaid	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program	800-562-3022 ext. 15473
West Virginia	Medicaid	http://mywvhipp.com/	855-699-8447
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	800-362-3002
Wyoming	Medicaid	https://wyequalitycare.acs-inc.com/	307-777-7531