# Hoosier Healthwise

*Health Care for*

- Pregnant Women
- Children

**www.in.gov/medicaid/members/member-programs/hoosier-healthwise/**

## What is Hoosier Healthwise?

The Hoosier Healthwise program is a health care program for pregnant women, children and former foster children through age 25. Hoosier Healthwise is sponsored by the state of Indiana and administered by the Indiana Family and Social Services Administration. The program covers medical care such as doctor visits, prescription drugs, mental health care, dental care, hospitalizations, surgeries and family planning at little or no cost to the member or the member's family.

## Are there any copayments?

When you submit an application, the state will determine your eligibility and select the coverage that is right for you.

**Package A:** Standard Plan—Package A is a full service plan for children and pregnant women. No premiums or copayments are required.

**Package C:** Children's Health Insurance Program—Package C is a full service plan for children under the age of 19. This package includes a monthly premium and other cost-sharing fees for some covered services.

## Who is eligible?

- Children up to age 19
- Pregnant women

Please see the maximum family income for Hoosier Healthwise eligibility chart below.

## Maximum family income for Hoosier Healthwise eligibility

Maximum monthly income based on 2023 Federal Poverty Level. Effective 3/1/23. Updated annually.

| Family Size | Pregnant Women (Package A) | Children (Package A) | Children (Package C) |
|---|---|---|---|
| 1 | Not applicable* | $1,980 | $3,099 |
| 2 | $3,501 | $2,679 | $4,191 |
| 3 | $4,414 | $3,377 | $5,284 |
| 4 | $5,325 | $4,075 | $6,375 |
| 5 | $6,237 | $4,773 | $7,467 |

**Each unborn child counts as one family member.*

## What is covered?

**Hoosier Healthwise covers a wide range of services, as shown in the list below:**

- **Doctor visits**
- **Hospital care**
- **Check-ups**
- **Well-child visits**
- **Clinic services**
- **Prescription drugs**
- **Over-the-counter drugs***
- **Mental health care***
- **Substance abuse services***
- **Medical supplies and equipment**
- **Home health care**
- **Nursing facility services***
- **Dental care**
- **Vision care**
- **Therapies**
- **Transportation***
- **Family planning services**
- **Nurse practitioner services**
- **Nurse midwife services**
- **Foot care***
- **Lab and X-ray services**
- **Hospice care***
- **Chiropractors**

**There are some benefit limitations for package C members.*

## How can I apply?

If you think you or your family may be eligible for Hoosier Healthwise, the best way to find out is to apply. You may apply through the Division of Family Resources and other authorized enrollment centers. To find the DFR office or enrollment center close to where you live, please call the Hoosier Healthwise Helpline toll-free at **800-889-9949** or visit **www.in.gov/fssa/dfr/ebt-hoosier-works-card/find-my-local-dfr-office/**.

You may also apply online (**www.dfrbenefits.IN.gov**), by phone (**800-403-0864**) or through the Federal Health Insurance Marketplace (**www.HealthCare.gov**).

You may need:

- Proof of income
- Proof of citizenship or immigration status
- Proof of identity

## How long does eligibility last?

Your membership in the Hoosier Healthwise program will need to be renewed on a regular basis, typically every 12 months. If we are unable to renew your eligibility automatically with available information, you will be contacted by mail when it is time for you to renew your enrollment. It is important for you to respond to all mail that you receive regarding your health plan. If you re-enroll, you will not experience any break in program services. If you do not re-enroll, you may have a break in coverage or lose your coverage. If you have a change of address or telephone number, it is important that you contact your local Division of Family Resources office either in person or by calling **800-403-0864** with the correct information so that you will receive important notifications.

## Can I choose my own doctor?

Yes. It is important to choose a health plan and a doctor as soon as you apply for the program. You may choose a health plan on your application or call the Hoosier Healthwise helpline at **800-889-9949**. When you are enrolled in a health plan (Anthem, CareSource, MDwise or Managed Health Services-MHS), you will choose a primary medical provider, often called a PMP. It is very important that you choose your PMP within the first 30 days of being enrolled into your health plan. Your PMP will work with you and be your primary contact when making medical decisions. If you already have a favorite doctor that you want to continue to see, you should find out which health plan he or she participates in. You can find out if your preferred doctor participates in one of the health plans by calling **800-889-9949**.

Applicants who do not select a health plan on their application will be auto-assigned to one of the four health plans (Anthem, CareSource, MDwise or Managed Health Services-MHS).

## Other available services

A presumptive eligibility process offers immediate access to eligible persons for temporary coverage of services while your application for Medicaid is being processed. Indiana offers a presumptive eligibility application process for children and pregnant women who are potentially eligible for Hoosier Healthwise Package A. PE benefits provide limited coverage of prenatal services for pregnant women and full health care coverage for children. The PE application is completed by a qualified provider. To find a qualified provider, go to **www.in.gov/medicaid** or call the enrollment broker at **800-889-9949**.

In order to continue your coverage, you will need to complete a full Indiana Medicaid application as soon as possible.

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