



**Applicants may receive more information about the federal Health Insurance Marketplace by:**

- Calling **800-318-2596**
- Visiting **[www.healthcare.gov](http://www.healthcare.gov)**

## ■ **Healthy Indiana Plan**

The Healthy Indiana Plan is an affordable health insurance program from the state of Indiana for uninsured adult Hoosiers. The Healthy Indiana Plan pays for medical expenses and provides incentives for members to be more health conscious. The Healthy Indiana Plan provides coverage for qualified low-income Hoosiers ages 19 to 64, who are interested in participating in a low-cost, consumer-driven health care program.

The Healthy Indiana Plan uses a proven, consumer-driven approach that was pioneered in Indiana. The program continues to build upon the framework and successes of the original Healthy Indiana Plan that started in 2008.

The Healthy Indiana Plan has two coverage options, HIP Plus and HIP Basic.

### **HIP Plus**

The preferred plan selection for all members is HIP Plus, which offers the best value for members. HIP Plus has comprehensive benefits including vision, dental and chiropractic services. The member pays an affordable monthly POWER Account contribution based on income. The amount is between \$1 and \$20 per month. There is no copayment required for receiving services with one exception: using the emergency room where there is no true emergency.

### **HIP Basic**

HIP Basic is the fallback option for members with household income less than or equal to 100% of the federal poverty level who do not make their POWER Account contributions. The benefits are reduced. The essential health benefits are covered but not vision, dental or chiropractic services. The member is also required to make a copayment each time he or she receives a health care service, such as going to the doctor, filling a prescription or staying in the hospital. These payments may range from \$4 to \$8 per doctor visit or prescription filled and may be as high as \$75 per hospital stay. HIP Basic can be much more expensive than HIP Plus.

### **How does someone qualify for the Healthy Indiana Plan?**

To qualify for the Healthy Indiana Plan, applicants must be between the ages of 19–64 and meet the following eligibility requirements:



- Hoosiers with incomes in 2021 up to \$17,774 annually for an individual, \$24,043 for a couple or \$36,581 for a family of four are generally eligible to participate in HIP. You can find up-to-date income limits under “Am I Eligible” at [www.hip.in.gov](http://www.hip.in.gov).
- Individuals who are not eligible for Medicare or other Medicaid categories.

### **What are the responsibilities of a Healthy Indiana Plan member?**


In the Healthy Indiana Plan program, the first \$2,500 of medical expenses for covered benefits are paid with a special savings account called a Personal Wellness and Responsibility Account. The state will pay most of this amount, but each member is also required to make a monthly contribution toward their health coverage into their POWER Account. The member contribution is based on income and will be between \$1 and \$20, but may be higher for members that smoke. The minimum contribution is \$1 per month.

Managing the POWER Account and seeking preventive care can reduce the member’s future costs. If the applicant’s annual health care expenses are less than \$2,500 per year, he or she may reduce the monthly payment for the next year. Members can also have their monthly payment reduced even more if they complete preventive health services. If their annual health care expenses are

### **Healthy Indiana Plan monthly income limits**

<b>Household Size</b>	<b>Monthly Income Limit For HIP Basic Eligibility</b>	<b>Monthly Income Limit For HIP Plus Eligibility*</b>
1	\$1,074	\$1,481.23
2	\$1,452	\$2,003.60
3	\$1,830	\$2,525.50
4	\$2,209	\$3,048.45
5	\$2,587	\$3,570.35
6	\$2,965	\$4,092.25
7	\$3,344	\$4,614.20
8	\$3,722	\$5,136.10
<b>For Each Additional Person, Add:</b>	<b>\$378</b>	<b>\$521.90</b>
<i>*133% + 5% of 100% FPL income disregard, income limit for HIP program. Eligibility threshold is not rounded.</i>		

The information in this guide is correct as of April 1, 2021.  
 For the most up-to-date information, refer to [www.hip.in.gov](http://www.hip.in.gov).



more than \$2,500, the first \$2,500 is covered by their POWER Account, and additional health services are fully covered at no additional cost to the members.

### **What are the Healthy Indiana Plan health plans?**

There are four managed care entities (health plans) that manage the benefits and POWER Accounts of Healthy Indiana Plan members. They are Anthem Blue Cross and Blue Shield, CareSource Indiana, Managed Health Services and MDwise.

### **What are the benefits of HIP Plus?**

The HIP Plus program provides comprehensive benefits including vision, dental and chiropractic services for a low, predictable monthly cost. With HIP Plus, members won't have to pay every time they visit a doctor or fill a prescription. HIP Plus allows members to make a monthly contribution to their POWER Account based on their income. If both the member and spouse are enrolled in HIP Plus, the monthly contribution amount will be split between the two. The only other cost for health care in HIP Plus is a payment of \$8 if members visit the Emergency Room when they *do not* have an emergency health condition.

### **Can the member receive help paying for the required contribution?**

Yes, in the Healthy Indiana Plan, third parties such as employers, nonprofits and friends or family can contribute any amount up to the full contribution amount. In addition, the health plans may implement a rewards program that allows members to “earn” additional dollars in their POWER Accounts. Total contributions may not exceed the members’ required contribution to their POWER Accounts.

### **How does someone find a provider? Can he or she keep the same doctor?**

Healthy Indiana Plan members should call their health plan (Anthem, CareSource, MDwise or MHS) or go online to research which providers are in that health plan’s network. Members can also call **877-GET-HIP-9** and ask.

Members new to HIP will want to make sure they choose a health plan that includes their doctor. They can call **877-GET-HIP-9** to discuss options.

## **■ Hoosier Care Connect**

Hoosier Care Connect is a coordinated care program primarily serving Hoosiers age 65 and over, or with blindness or a disability who live in the community and are not eligible for Medicare or for home- and community-based waiver services. Children who are wards of the state, are in the Adoption Assistance Program, as well as those who are current and former foster children can opt into Hoosier Care Connect rather than receive traditional Medicaid. In Hoosier Care Connect, a person enrolls with a health plan that provides most of their