

Health Coverage

Indiana offers several health coverage options to qualified low-income individuals and families, individuals with disabilities and the elderly with limited financial resources. Each program is designed to meet the medical needs of that specific group of individuals. Each program uses a different set of measures to determine if a person qualifies for that program.

How does someone qualify for Indiana Health Coverage Programs?

To qualify, applicants must meet four main eligibility criteria:

Income/Household Size

This applies to both earned income (example: wages from a job) and unearned income (example: Social Security Disability payments). Income limits that are adjusted to account for the number of household members. Visit the “Am I Eligible” page by visiting www.in.gov/medicaid/members/57.htm. You may also check for current income limits or see if you qualify online at the Division of Family Resources Benefits Portal by visiting <https://fssabenefits.in.gov> and additional information may also be found on the Indiana Medicaid website, at www.indianamedicaid.com.

Age

Certain programs are designed for people in specific age groups.

Financial resources/assets

Different programs count different resources/assets. Resources/assets are not counted for the following groups: children, pregnant women, members with only family planning services, former foster children up to age 26 and Healthy Indiana Plan members.

Medical Needs

Specific medical needs may determine eligibility and which program can best serve your needs.

How does someone apply for or manage Indiana Health Coverage Programs?

- To learn about the different programs, applicants can visit www.indianamedicaid.com.
- Applicants can apply online at www.dfrbenefits.in.gov.
- Applicants can call or fax **800-403-0864**.
- Applicants can visit a local Division of Family Resources office. A directory of DFR offices is found on page 44 of this guide or online at www.dfrbenefits.in.gov.



What information does an applicant need to know/take with them to apply for Indiana Health Coverage Programs?

Applicants will need the following information for each person in the household:

- Names and dates of birth
- Social Security numbers
- Income from jobs or training
- Benefits each person gets now (or received within the past three months), such as Social Security, Supplemental Security Income, veteran's benefits or child support
- Amount of money in each person's checking account, savings accounts or other resources
- Any other health coverage and/or medical benefits each person currently has

How long will it take someone to get coverage?

Depending on the program applicants apply for, it may take approximately 45–90 days from the date the application is submitted to find out eligibility.

How long does someone keep his or her benefits?

Eligibility for any Indiana Health Coverage Program will typically need to be renewed each year. If eligibility cannot be renewed through the automated process, recipients will be contacted by mail when it is time for enrollment renewal. It is important for recipients to respond to all mail they receive regarding coverage. If enrollment occurs on time, there will be no break in program services. If recipients do not re-enroll, there may be a break in coverage or even lost coverage.

If a recipient has a change of address, phone number, income or resources, it is critical that he or she promptly informs the local Division of Family Resources office by calling **800-403-0864**.

Can someone have Medicare and Medicaid at the same time?

Yes. A person can be eligible for both Medicaid and Medicare and receive benefits from both programs at the same time.

■ Federal Health Insurance Marketplace

If a person's income is too high to qualify for Medicaid or the Healthy Indiana Plan, he or she may be able to find health insurance through the federal Health Insurance Marketplace. Depending on income and household size, he or she may qualify for a tax credit that can help pay the cost of the health insurance.