

Healthy Indiana Plan (HIP)

According to government statistics, there are approximately 561,000 Hoosiers without health insurance. The simple fact is that health insurance is unaffordable for many. Unfortunately, individuals will avoid necessary doctor visits until it is too late because they lack health insurance. Health insurance is important to everyone. Indiana has developed a plan to provide assistance to low income residents.

The Healthy Indiana Plan (HIP) is a new, affordable health insurance program for uninsured adult Hoosiers between 18 and 64 years old. The program is sponsored by the State and only requires minimal monthly contributions from the participant. A participant's household income must be below 200% of the federal poverty level (FPL), and the participant cannot be eligible for Medicaid. Eligible participants must be uninsured for at least six (6) months and cannot be eligible for employer-sponsored health insurance.

The Healthy Indiana Plan offers full health benefits, including hospital services, mental health care, physician services, prescriptions, diagnostic exams and disease management. A minimum of \$500 in preventative services are free. The Healthy Indiana Plan does not cover pregnancy services, since they are offered under the Hoosier Healthwise Program (HHW), nor does this program cover vision or dental services.

The coverage term is 12 months. After the one-year term, the participant must re-certify and complete the necessary paperwork to be authorized to continue the plan for another 12 months.

Participants will contribute no more than 5% of their gross family income to have the security of health insurance. The exact amount of the contribution will depend on income and family size, based on a sliding scale. The contribution will be reduced by the amount of any Hoosier Healthwise premium. Individuals will be required to make a contribution every month. If an individual's payment is past 60 days due, coverage is terminated.

All participants will have a Personal Wellness and Responsibility Account or "POWER Account." This account contains the participant's required monthly contributions, as well as the State's contribution, for a combined total of \$1,100. The POWER Account will be used to pay for the first \$1,100 of services, not including \$500 of free preventative services. After one's POWER Account is exhausted, the Healthy Indiana Plan will cover all medical expenses up to \$300,000 a year or \$1 million over the participant's lifetime.

A participant may choose from two private insurance carriers. Please call 1-877-GET-HIP-9 for information on the variations between these carriers. If the participant has a serious health condition, he or she will be assigned to the Enhanced Services Plan (ESP), which provides specialized doctors and disease management services suited to their health care needs.

Plan coverage started in January, 2008. Healthy Indiana Plan applications are available online and are now being processed. Please also contact a Hoosier Healthwise Enrollment Center or the local Division of Family Resources (DFR) office to obtain an application. You may also have an application mailed. Please call 1-877-GET-HIP-9 (1-877-438-4479). www.HIP.in.gov.

Completed applications may be submitted to the following address: **FSSA Document Center, P.O. Box 1630, Marion, Indiana 46952.**

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