

HIP

Healthy Indiana Plan

(A Health Plan sponsored by the State of Indiana)

What is HIP?

The Healthy Indiana Plan (HIP) is a new, affordable health insurance program for uninsured adult Hoosiers. The program is sponsored by the State and only requires minimal monthly contributions from the participant.

Who is Eligible?

HIP is for uninsured Hoosier adults between the ages of 18-64. Parents or caretaker relatives of children in the Hoosier Healthwise program are likely candidates for HIP. A pre-existing or high-risk medical condition has no effect on eligibility.

What is Covered?

HIP offers full health benefits including hospital services, mental health care, physician services, prescriptions, diagnostic exams and disease management. A minimum of \$500 in preventive services are free.

HIP does not cover pregnancy services, as those services are offered under the Hoosier Healthwise program (HHW), nor does this program cover vision and dental services.

What are the Eligibility Requirements?

| Family Size | Maximum Annual Income* | Approximate Max. Monthly Income |
|-------------|------------------------|---------------------------------|
| 1 | \$20,400 | \$1700 |
| 2 | \$27,360 | \$2280 |
| 3 | \$34,320 | \$2860 |
| 4 | \$41,280 | \$3440 |
| 5 | \$48,240 | \$4020 |

*2007 Federal Poverty Levels at 200%

- Individuals must not have access to employer sponsored health insurance coverage.
- Individuals must be uninsured for the previous six months.

What Does It Cost?

Participants will pay between 2% and 5% of their gross family income to have the security of health insurance. The exact cost will depend on your income and family size.

What is a POWER Account? Where Does My Money Go?

All participants will have a Personal Wellness and Responsibility Account or “POWER” Account. Your account contains your required monthly contributions, as well as the State’s contribution, for a combined total of \$1,100. Your POWER Account will be used to pay for the first \$1,100 of services, not including \$500 of free preventive services. This means you can manage and control the money you contributed. After your POWER Account is used up, the HIP plan will cover all medical expenses up to \$300,000 a year or \$1 million over your lifetime.

What Happens to the Money in My Power Account if I Don’t Use It?

The insurance carriers provide at least \$500 of free preventive care services to every HIP participant. At the end of the year, if all appropriate preventive services were received, the entire account balance (including the State’s portion) stays in your account. This means you will owe less in your second year. However, if you do not get your recommended preventive health services, only what is left of your contribution stays in the account. The State’s portion will go back to the State.

How Much Does the State Contribute?

The State pays for the entire cost of the HIP insurance plan. The State will also make a contribution into your POWER Account to make sure you have \$1,100 in your account. For example, if your required contribution is \$600 a year, the State will pay the remaining \$500. In addition to the State’s contribution, your employer may also contribute up to 50% of your required contribution.

What if I Don’t Pay My Monthly Contributions?

If you do not make your required monthly contribution, you will be terminated from the plan, and you cannot get back on HIP for 12 months. You will also forfeit a portion of any money left in your POWER Account.

What are my Choices?

You can choose one of two private insurance carriers. Although the basic HIP plan is the same, there will be slight variations between the carriers, including participating doctors. If you have questions or need more information on the plans available, call toll-free, **1-877-GET-HIP-9**.

If you have a serious health issue, you will be assigned to the Enhanced Services Plan (ESP), which provides you with specialized doctors and disease management suited to your health care needs.

How Do I Apply?

You can download an application from the internet (www.HIP.in.gov) or pick them up at various organizations and enrollment centers in your community. Methodist Hospitals are an enrollment center for this plan.

When you apply, you will need to provide copies of proof of income as well as proof of identity and citizenship.

**WANT MORE INFORMATION?
1-877-GET-HIP-9 (TOLL-FREE)
www.HIP.in.gov**

This information was taken from the State of Indiana Brochure HIP 1150(11-07)