Incentives for managing costs and getting preventive care

The Healthy Indiana Plan empowers members to make important decisions about the cost and quality of their health care. **As an incentive, members who remain in the HIP Plus program can reduce their POWER Account contribution amounts after a year in the program based on the amount remaining in their accounts.** For members who receive recommended preventive care services throughout the year, the discount will be doubled. Members in the HIP Basic plan also have a POWER Account and financial incentives for managing their accounts wisely and receiving preventive care.

How do I apply?

Applications are available online, by mail or by visiting your local Division of Family Resources (DFR) office.

Call **1-877-GET-HIP-9** or visit **HIP.IN.gov** to find more information about the application process or to find your local DFR office.

HIP Link helps members enroll in their employer's plans

HIP Link is an exciting new Healthy Indiana Plan option for eligible members who work and have access to their employer's health plan. HIP Link members will also have a POWER Account and contribute to their coverage like other HIP members. But with HIP Link, the POWER Account can be used to pay the insurance premiums and out-of-pocket medical expenses associated with the member's employer-sponsored plan.

The employer must choose to participate in HIP Link and be registered with the state. Employers also must contribute 50 percent of the member's premium. Members can receive guidance on whether their employer plan would be the best coverage option.

Call 1-877-GET-HIP-9
or visit HIP.IN.gov

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FSSA 1007 (R5/3-16)

HIP

HEALTHY INDIANA PLAN℠

Health Coverage = Peace of Mind

The *NEW* Healthy Indiana Plan

HIP 2.0 program overview

The NEW Healthy Indiana Plan (or "HIP 2.0") is a health insurance program from the State of Indiana that pays for medical expenses and provides incentives for members to be more health conscious. HIP 2.0 provides coverage for qualified low-income Hoosiers who are interested in participating in a low-cost, consumer-driven health care program.

Who's eligible?

Indiana residents ages 19-64 with incomes of up to $16,590 annually for an individual, $22,371 for a couple or $33,934 for a family of four are generally eligible to participate in HIP 2.0.*

What's covered?

There are two distinct levels of coverage in HIP 2.0: HIP Plus and HIP Basic. Each covers medical expenses such as doctor visits, hospital care, therapies, medications, prescriptions and medical equipment. HIP Plus offers members the best value and, unlike HIP Basic, also covers vision and dental care, and even bariatric surgery.

**Based on the 2016 Federal Poverty Level.*

How does the POWER Account work?

In the HIP program, the first $2,500 of covered medical expenses is paid for out of a special savings account called a Personal Wellness and Responsibility (POWER) Account. The state will pay most of this amount, but members are also required to make a small contribution each month. These POWER Account contributions can be made by the member's employer or a not-for-profit organization. HIP members get to choose a health plan that will manage and track the POWER Account and collect the member's portion each month.

What are the contribution amounts?

Monthly POWER Account contributions are determined by income and will be approximately two percent of family income. Income ranges for eligible Hoosiers and a helpful calculator to help you estimate your monthly POWER Account contribution amount can be found online at HIP.IN.gov.

As long as members make their required monthly POWER Account contributions, they will have no other costs. The only exception to this is a charge of up to $25 if a member goes to a hospital emergency room for a non-emergency.

Why it's important to make POWER Account contributions

POWER Account contributions are a key part of the Healthy Indiana Plan. **Members who make POWER Account contributions on time each month participate in HIP Plus where they have better benefits and predictable costs.** Members with incomes above the poverty level, for example above $11,880 a year for an individual, $16,020 for a couple or $24,300 for a family of four,* who choose not to make their POWER Account contributions will be removed from the program and not be allowed to re-enroll for six months. This reenrollment lockout will not apply if the member is medically frail or residing in a domestic violence shelter or in a state-declared disaster area. **If your income is below the poverty level and you fail to contribute to your POWER Account, you will be enrolled in HIP Basic where members are required to make copayments.** Copayments are required each time members visit a doctor or hospital other than for preventive care, family planning services or a true emergency.

The HIP Basic health care plan will charge the following copayments for health care services.

Service	HIP Basic Co-Pay Amounts
Outpatient Services/ Doctor Visits	$4 per service
Inpatient Services	$75 per stay
Preferred Drugs	$4 per prescription
Non-preferred Drugs	$8 per prescription
Non-emergency ER Visit	Up to $25 per visit

Unlike POWER Account contributions, which belong to the member and could be returned if the member leaves the program early, copays cannot be returned to the member.

HIP Basic members will be given the opportunity to enroll in HIP Plus at the end of their benefit year.