Eligibility Requirements

To be eligible for this program, you must:

- Live in the state of Indiana
- Have a HIV-positive diagnosis
- Have an income level below 300% of the Federal Poverty Level (FPL)
- Have no other comprehensive insurance coverage available through employer insurance, spouse/partner, parent, private insurance, Medicaid or Medicare
- Have a qualifying life event (changes in marital status, zip code, citizenship, health coverage, or birth/adoption, etc.) or enroll during the annual Open Enrollment period. All qualifying events must be reported within 60 days of occurrence.
- Work with a case manager at a Ryan White-funded care site to enroll and maintain enrollment in this program

Talk with your case manager to see if you are eligible.

Coverage Issues

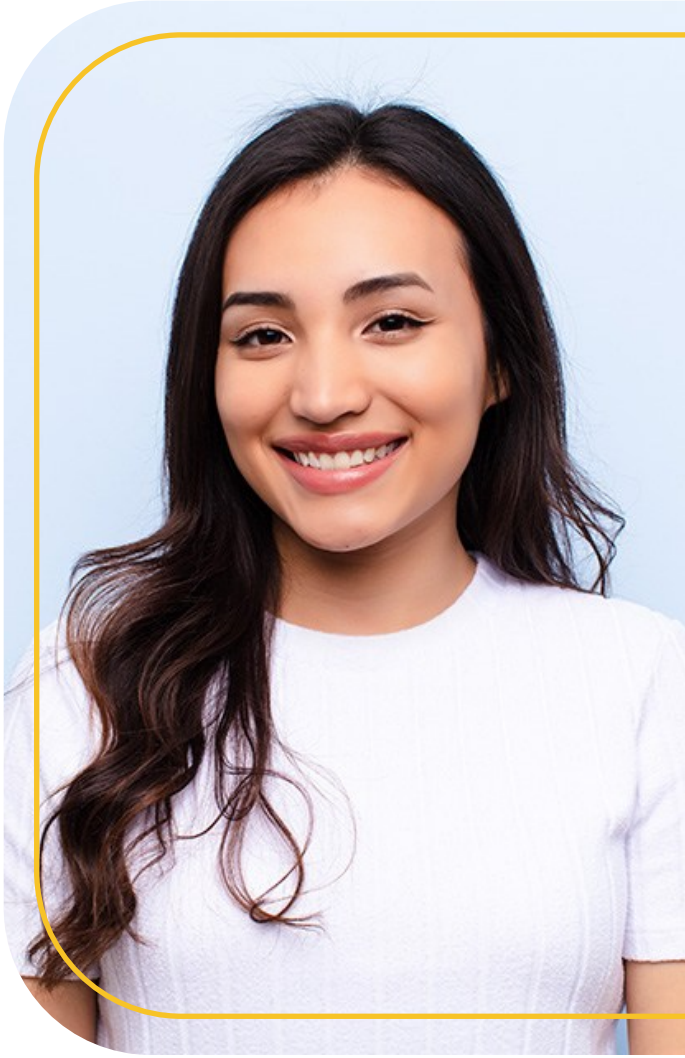
If you receive a bill or your pharmacy asks you to pay for your prescriptions, contact your case manager right away. They can work with the HIV Services Program to review the situation and help resolve any issues.

Health Insurance Assistance Program

You may be eligible for comprehensive health insurance and support with out-of-pocket costs, making it easier for you to get the care and medications you need for lasting health and well-being.

Indiana Department of Health

Division of HIV/STI and Viral Hepatitis



Indiana Department of Health

in.gov/health

Health Insurance Assistance Program

Indiana Department of Health

Overview

The Health Insurance Assistance Program, also referred to as HIAP, provides comprehensive health insurance and out-of-pocket cost support.

How does the program work?

Your case manager will help you enroll in a HIAP-approved insurance plan. HIAP will pay 100% of the monthly premium on your behalf. This plan will be your primary insurance coverage and you will use it for all doctor visits, labs, and medication fills.

You will also be enrolled in a secondary insurance plan administered through Unified Group. This plan will pay 100% of out-of-pocket costs (i.e., co-payments, coinsurance, and deductible) for services and medications. It will only cover these costs if the services or medications are covered by your primary insurance plan.

Coverage Options

The HIV Services Program selects insurance carriers that provide coverage for the entire state. These carriers and plans can change annually. You should work with your case manager to determine the most appropriate plan for you.

When will coverage be active?

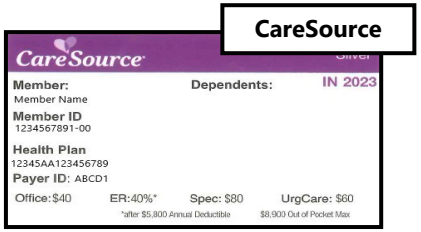
Coverage usually starts on the on the first day of the month, if the application is received before the 15th of the current month. If received after the 15th, coverage begins on the first of the following month.

How many cards will I receive?

You will receive two cards. One will be from your HIAP insurance plan and the other will be from Unified Group. Below are examples of the cards from current insurance carriers.

HIAP Insurance Plans
(Primary Insurance)

CareSource



Visit CareSource here:
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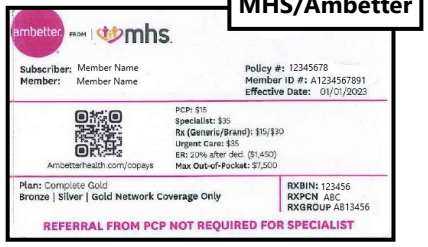
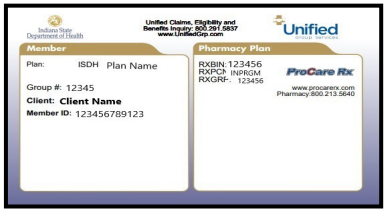
MHS/Ambetter



Visit MHS/Ambetter here:
https://ambetter.mhsindiana.com

Unified Group
(Secondary Insurance)



Tips

- To prevent any coverage interruptions, be sure to renew your program enrollment with your case manager every six months. You will need to renew during your birth month and again six months later.
- Let your healthcare providers and pharmacists know that you have two insurance plans. Your HIAP insurance plan is your primary coverage and should be billed first. Unified Group is your secondary insurance, covering out-of-pocket costs, and should be billed after your primary plan.
- Always bring both your primary and secondary insurance cards to all doctor visits, lab appointments, and pharmacy visits. Providers require both cards to ensure accurate billing for each insurance plan.

Learn more about the HIV Services Program: