

What happens when a HIP member becomes pregnant?

The Healthy Indiana Plan now includes maternity coverage, but there are several things you need to know should you become pregnant.

It is best that you discuss your options with your doctor and your health plan (Anthem, MHS, MDwise) as soon as possible after becoming pregnant. This will result in all cost sharing (POWER Account contributions or copayments) being stopped for as long as you are pregnant and for 60 days after giving birth.

After reporting your pregnancy, you can stay in your HIP program (**HIP Plus** or **HIP Basic**) or transfer to **HIP Maternity**. HIP Maternity is the Medicaid pregnancy program for women eligible for HIP. It used to be part of Hoosier Healthwise.

There are no differences in benefits and both programs receive additional benefits such as vision, dental, non-emergency transportation and access to smoking cessation services designed specifically for pregnant women.

IMPORTANT: If your annual redetermination occurs during your pregnancy, federal guidelines require you to be moved to HIP Maternity. Again, you won't notice any changes in your benefits or cost sharing.

At the end of your pregnancy, your additional pregnancy benefit will continue for a 60-day post-partum period and you will continue to not have any cost sharing responsibilities during this period. **However, you should promptly report to the state that your pregnancy has ended as soon as possible to prevent any breaks in coverage by calling 1-800-403-0864.**

At the end of your post-partum period, your cost-sharing will resume. You must begin paying your POWER account contribution at this time to maintain HIP Plus benefits, even if you are in HIP Maternity. If you fail to report the end of your pregnancy promptly and/or make your POWER account contribution, you could face a gap in coverage.

For more information, contact your health plan at the appropriate number below:



1-866-408-6131



1-800-356-1204



1-877-647-4848