



Your health, your coverage, your choice.



HIP program overview

The Healthy Indiana Plan (or “HIP”) 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 provides coverage for qualified low-income Hoosiers who are interested in participating in a low-cost, consumer-driven health care program.



What's covered?

There are two distinct pathways to coverage in HIP: 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, chiropractic and even bariatric surgery.

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	\$8 per visit



Who's eligible?

Indiana residents ages 19–64 with incomes in 2025 up to \$21,603 annually for an individual, \$29,197 for a couple or \$44,376 for a family of four are generally eligible to participate in HIP.*

**Based on the 2025 Federal Poverty Level.*



How do I apply?

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

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



**State of Indiana
Family and Social Services Administration**
402 W. WASHINGTON ST., P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
www.IN.gov/fssa

The Indiana Family and Social Services Administration does not discriminate on the basis of race, color, creed, sex, age, disability, national origin or ancestry.

February 12, 2025 12:03 PM