

THE HEALTHY INDIANA PLAN

The new Healthy Indiana Plan (or “HIP 2.0”) is an affordable health insurance program from the State of Indiana for uninsured adult Hoosiers. The Healthy Indiana Plan pays for medical expenses and provides incentives for members to be more health conscious. The Healthy Indiana Plan provides coverage for qualified low-income Hoosiers ages 19 to 64, who are interested in participating in a low-cost, consumer-driven health care program. Hoosiers with incomes of up to \$16,436.81 annually for an individual, \$22,246.25 for a couple or \$33,865.13 for a family of four are generally eligible to participate in the Healthy Indiana Plan.

The Healthy Indiana Plan uses a proven, consumer-driven approach that was pioneered in Indiana. HIP 2.0 builds upon the framework and successes of the original Healthy Indiana Plan. By enrolling individuals into a Managed Care Entity, members are able to receive assistance in determining the extent of their health care needs and are able to better determine what services they require in order to be as healthy as possible.

AMERICAN INDIAN / ALASKA NATIVE

Individuals who are verified American Indian/Alaska Native are able to enroll in the Healthy Indiana Plan without any cost sharing or POWER account contributions required on their behalf. They are eligible to receive HIP Plus services which include vision and dental coverage. If members are considered low-income parent/caretakers or are found Medically Frail they will be eligible to receive HIP State Plan Plus services. Verified American Indian/Alaska Native are also able to opt-out of the Healthy Indiana Plan, if they so choose, into a Fee for Service package which is similar to what individuals will receive in Traditional Medicaid.

To become a verified American Indian/Alaska Native, members will need to provide documentation to FSSA establishing this status. Such documentation includes:

- A document issued by a federally recognized tribe indicating tribal membership;
- An enrollment card for a federally recognized Indian Tribe;
- A certificate of degree of Indian blood issued by the Bureau of Indian Affairs;
- A tribal census document; or
- Any other documentation demonstrating eligibility for IHS services or under 42 CFR 447.50.

In order to apply for the Healthy Indiana Plan, please visit <http://www.in.gov/fssa/hip/2450.htm>. After you complete your application, you will receive a notice in the mail informing you of your eligibility determination. If you are found eligible, you will also receive an opt-out form allowing enrollment into the American Indian/Alaska Native Fee for Service package*. If you go through the verification process at your local office or by mailing the information to the address listed you may also submit the opt-out

*The federal Application for Exemption for American Indians and Alaska Natives form will not be accepted for this purpose. This form is used to determine federal tax exemptions and not the waiving of cost-sharing or POWER account contributions for the Healthy Indiana Plan. It is a federal form and will not be accepted by the State of Indiana.

form to the address listed on the form. At this point, if all of your information is submitted, you will receive a welcome letter informing you of your enrollment.

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