



Indiana Health Coverage Programs

DXC TECHNOLOGY
950 NORTH MERIDIAN STREET, SUITE 1150
INDIANAPOLIS, IN 46204

800-457-4584
www.indianamedicaid.com

<Letter Date>

<Member Name>

<Member Address>

Your PE ID: XXXXXXXXXXXX
Effective <Start Date> to <End Date>.

Important Notice: you have been approved for short term health coverage. You must complete an Indiana Application for Health Coverage to keep your health benefits. **Take this form with you if you seek medical care.**

<Member Name>

Has been approved for Presumptive Eligibility (PE) Adult. **This is short term coverage that begins today and will end on <End Date>, or earlier if you are denied coverage based on your full Indiana Application for Health Coverage.** You can only qualify for presumptive eligibility once per year, and this coverage is temporary. This coverage includes all benefits which mirror HIP Basic, such as visits to a doctor, lab work, emergency services and prescription drugs. Please be aware that a copay may be required for most services.

If you have questions about your prescription drug benefits, you may contact OptumRx 1-855-5777-6317.

Next Step

You must submit a full Indiana Application for Health Coverage in order to keep coverage. You should do this right away. You can submit an application:

- At the provider where you were found presumptively eligible;
- On-line at www.dfrbenefits.in.gov;
- Over the phone 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office

