



**SAMPLE**



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**Notice of Cost Share Restart**

Indiana Family and Social Services Administration  
PO Box 1810  
Marion, IN 46952  
Phone/Fax: 1-800-403-0864

Payee Name : Firstname M Lastname  
CaseNumber : 2000002428  
AG Number : 4826  
Program : Health Coverage  
Mailing Date : DECEMBER 13, 2023

Firstname M Lastname  
Abc St 1 Indianapolis, IN  
46203

**IMPORTANT INFORMATION ABOUT YOUR HEALTH COVERAGE AFTER COVID-19 FEDERAL PUBLIC HEALTH EMERGENCY RULES END**

Due to the COVID-19 public health emergency, Indiana has not charged premiums, contributions or copays for Medicaid, including the Children’s Health Insurance Program or CHIP; and Medicaid for Employees with Disabilities or M.E.D. Works, coverage since March of 2020. Normal rules for cost-sharing will resume effective MAY 01, 2024.

Based on your monthly countable income, you are not eligible for premium-free coverage.

**Premium Information:**

You do not owe any premiums for coverage prior to MAY 01, 2024.

**After MAY 01, 2024 your premium amount each month will be \$53.00.** Families with multiple children on CHIP, and married spouses who are both on M.E.D. Works, will have one shared premium amount.

The bill for your first premium will be sent to you in a few days from the Package C (for CHIP) or M.E.D. Works Premium vendor. It is important that you pay the invoiced amount by the due date and continue paying on time each month, or your health coverage will be closed. If you are closed because of unpaid premiums, you will have to reapply and may have a waiting period before coverage will restart unless you catch up on all the payments that were due when you were closed.

Premium amounts are determined based on the countable income you have reported to FSSA, calculated as a percentage of the Federal Poverty Level, which is updated each year by the federal government. **The countable income we used to determine your premium is \$2400.00, which puts you at 242.42 percent of the FPL.**

**Copayment information:**

M.E.D.Works Premium Amounts		
Percent of FPL	MONTHLY PMT	
	SINGLE	MARRIED
150 - 175	\$48.00	\$65.00
176 - 200	\$69.00	\$93.00
201 - 250	\$107.00	\$145.00
251 - 300	\$134.00	\$182.00
301 - 350	\$161.00	\$218.00
351-	\$187.00	\$254.00

CHIP Premium Amounts		
Percent of FPL	MONTHLY PMT	
	1 CHILD	2 OR MORE
151 - 175	\$22.00	\$33.00
176 - 200	\$33.00	\$50.00
201 - 225	\$42.00	\$53.00
226 - 250	\$53.00	\$70.00



Medicaid will continue to cover COVID-19 testing and vaccines with no copayments, but copayments for other services in CHIP will also resume effective MAY 01, 2024.

**Due to a change in state law, MEDWorks members do not have copayments.**

If you are enrolled with a health plan, you can contact them if you have questions about what your copayment expectations are. If you are not sure who your health plan is, please call 1-800-889-9949 for CHIP members or call 1-866-963-7383 for M.E.D. Works members.

If you do not have a health plan, your copayment amounts are listed in the table below.

Service	Amount	Service	Amount	Service	Amount
Transportation costing \$10 or less	\$0.50	Transportation costing \$10.01 - \$50.00	\$1.00	Transportation costing \$50.01 or more	\$2.00
Prescription drugs	\$3.00				

**Limitations on cost sharing**

Cost sharing is based on monthly Medicaid premiums as well as Medicaid copayments for claims. It does not include costs imposed by other programs, such as Medicare or other insurance, or costs for items and services Medicaid does not cover.

M.E.D. Works members' cost sharing is tracked per calendar quarter (three months). If your cost sharing reaches 5% of your countable income in a calendar quarter, your health plan or Indiana Medicaid (if you do not have a health plan) will send you a notice that you do not have Medicaid cost sharing for the remainder of that calendar quarter.

CHIP members' cost sharing is limited to 5% of countable income per year. If you have questions or think your family has met your 5% limit for cost sharing on covered services, please contact your health plan or the premium vendor.

**If you think your premium amount is incorrect**

If you disagree with the amount of your premium, you may need to update your income with us. If you have a change to report, please call or fax information to the FSSA Document Center at 800-403-0864, mail to FSSA Document Center, PO Box 1810, Marion, IN 46952 or submit a change request through the FSSA Benefits portal at <https://fssabenefits.in.gov>

You can appeal the amount of your premium (see instructions below), but please note, the decision to restart premiums and copayments due to the end of the public health emergency is not appealable.



## **If you disagree with our decision**

You have the right to appeal our determinations such as your monthly income, POWER account contribution amount, or category of benefits. This notice includes instructions for filing an appeal. Please read this information carefully.

## **Timelines and process for appealing**

You must file your appeal in writing by close of business within thirty-three (33) days of the date of the notice or the adverse action, whichever is later. Please note that close of business means 4:30 PM local time where the appeal is received. If a deadline falls on a weekend or a holiday, we must receive your appeal by the next business day. If you mail your appeal, your appeal will be considered received on the date of receipt and not on the postmarked date.

You should expect a short interruption in coverage if we receive your appeal request near the deadline.

An FSSA representative will notify you of the next steps. If FSSA schedules a hearing we will notify you in writing of the date, time, and place for the hearing. You may speak for yourself at the hearing or bring someone else such as an attorney, friend or relative.

## **How will the appeal impact my benefits?**

If you submit your request for appeal prior to the effective date of the change in your coverage listed in this notice, you will be able to receive the same level of benefits you are currently receiving while your appeal is pending. However, if you are enrolled in HIP Plus or HIP State Plan Plus, you must continue making the required monthly POWER account contribution during your appeal in order to continue receiving HIP Plus or HIP State Plan Plus benefits. Your appeal does not remove this requirement. If you do not make your required POWER account contributions on time during your appeal, you will lose access to HIP Plus or HIP State Plan Plus benefits and you may lose your HIP eligibility.

You should expect a short delay in having your current coverage continue if we receive your appeal request near the deadline, but we will restore the benefits retroactively so that you have no break in coverage.

If you submit your request for appeal after the effective date of the change in your coverage listed in this notice, you will receive your new benefits while your appeal is pending.

## **Can I maintain my current benefits during the appeal?**

As indicated in this notice, you will maintain your current HIP benefits while your appeal is pending if you submit your request for appeal prior to the effective date of the discontinuation of benefits listed in this notice. However, if you are enrolled in HIP Plus or HIP State Plan Plus, you must continue making the required monthly POWER account contribution during your appeal in order to continue receiving HIP Plus or HIP State Plan Plus benefits. Your appeal does not remove this requirement. If you do not make your required POWER account contributions on time during your appeal, you will lose access to HIP Plus or HIP State Plan Plus benefits and you may lose your HIP eligibility.

## **Back payments for HIP POWER account**

If you become ineligible for any HIP services during your appeal and the ALJ rules in your favor, your coverage will be restored back to the date of discontinuance or the appropriate date in which you should have been found eligible. Importantly, you will be responsible for paying back any missed POWER account payments that accrued during your appeal. You will lose HIP eligibility or access to HIP Plus benefits if you do not repay this entire amount timely.



## How to file an appeal

You can mail, fax, or hand deliver your written appeal request.

To appeal, please send a signed letter with as much information as possible including your Name, Case Number, and Reason for the appeal, along with a copy of this entire notice to one of the following locations listed below. For your case, this information is provided below for your convenience.

Name: Firstname M Lastname

Case Number: 2000002428

Date of Notice: DECEMBER 13, 2023

County: 49

1. Mail your written appeal to:

FSSA Document Center  
PO Box 1810  
Marion, IN 46952

Or,

2. Fax your written appeal to FSSA Document Center: 1-800-403-0864

Or,

3. Take your written appeal to your local Office of the Division of Family Resources during regular business hours.

### FOR MORE INFORMATION ABOUT THE FAIR HEARING PROCESS

If you have questions please call us at 1-800-403-0864. You can also read about the fair hearing process on our website at [www.in.gov/fssa](http://www.in.gov/fssa).

Local Office of Family Resources  
MARION COUNTY DFR  
3826 South Madison  
Indianapolis, IN 46227  
PHONE: 1-800-403-0864