

During the federal COVID-19 public health emergency, Indiana paused cost sharing to keep health coverage open for our members. This pause will end July 1, 2024, and Indiana will restart cost sharing for Medicaid, including the Healthy Indiana Plan (HIP); the Children's Health Insurance Program (CHIP); and the MEDWorks program for employed individuals with a disability.

### **Cost-sharing will restart on July 1, 2024**

If you are a HIP or CHIP member, you may owe copayments for certain services starting on July 1, 2024. A copayment is a small amount of the bill which you pay to a provider at the time of services. Most copayments are under \$10.00.

If you are a HIP member, you will receive a bill for your POWER Account contribution from your health plan in July. This bill will be for your August benefits. If you do not pay your contribution within the allowed timeframe, your HIP benefits may be reduced or terminated. There is no lockout period for HIP and if you are closed for nonpayment you may reapply at any time.

If you are or have a child in the Children's Health Insurance Program (CHIP, Package C) or if you receive MEDWorks coverage and are required to pay premiums, you will receive a bill from the premium vendor in July. This bill will be for your August benefits. If you do not pay your premium within the allowed timeframe, your Medicaid benefits may end. If you reapply, you may have to catch up on past-due premiums or have a waiting period before your benefits can restart.

If you have questions, HIP members may use the Member Services number on the back of your Medicaid card. CHIP or MEDWorks members may call the Premium Vendor line at 800-457-4584. If you have to start paying contributions or premiums you will receive a separate notice from us in early spring that tells you what your monthly payment amount will be.

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If you are no longer eligible, we will send you a final notice at least 13 days before your coverage is scheduled to change. You can appeal, and your appeal rights can be found at the end of the final notice. **Please read the attached notice carefully. If your coverage has changed, your appeal rights and instructions on how to appeal can be found at the end of the notice.**

*Please note that beginning June 14, 2023, through Feb. 28, 2025, if you choose to appeal your eligibility determination you will not be subject to benefit recovery for any continued benefits received while your appeal was pending, regardless of the outcome of your appeal.*