

1 Connect with Your Insurer

Here are two ways to connect with your insurer, also known as a Managed Care Entity (MCE), who manages your HIP plan:

- 1 When first applying for HIP, you can choose your insurer.
- 2 Once you get a letter approving you for HIP, contact your assigned insurer and make your first POWER Account payment.

2 Make Monthly Payments

HIP Plus members need to make payments to their Personal Wellness and Responsibility (POWER) account.

POWER ACCOUNT:

A POWER account is a special savings account that HIP members use to pay for their health care expenses.

AMOUNT:

The amount paid every month will range from **\$1-\$20**. HIP members can pay up to one full year of POWER Account payments in advance.

For downloadable brochures about HIP Plus:



Indiana's official HIP site:
Call **1-877-GET-HIP-9**
Go online to in.gov/fssa/hip/



@hipallies



How Do I Keep HIP Plus?

To keep your HIP Plus plan, you must do a few things.



③ Make Monthly Payments cont...

Where you make your POWER payments depends on who you have as your MCE.

ONLINE PAYMENTS

Each MCE has their own methods for making payments.

For ways to pay, see all the options for your MCE at:

bit.ly/hippayment

IN PERSON PAYMENTS

Through MoneyGram, HIP members can make their monthly HIP Plus payments in person at certain locations like CVS, Walmart, Kroger, and Advance America.

✓ You will need your MCE and member ID number

To find more places to make payments in person, visit bit.ly/payinperson

IF YOU CANNOT PAY

Other people and organizations can pay your POWER payments. See instructions for employer/nonprofit contributions: bit.ly/hippayment

Contact your MCE for assistance.



What Happens If I Do Not Pay?

If a member does not make their POWER account payments for 60 days, they will be dropped from their HIP Plus plan.

HIP BASIC OPTION

If their income is 100% of the Federal Poverty Level (FPL) or below, they will be put on HIP Basic.

- ✓ *HIP Basic doesn't cover vision, dental or chiropractic services. HIP Basic requires co-payments for medical and pharmacy services.*

Learn more about the Federal Poverty Levels at bit.ly/learnfpl



How Do I Get My Plan Back?

If a member is fully dropped from their HIP Plus plan and loses their health insurance, they can re-apply.

Follow these steps if you lose your HIP coverage: bit.ly/lostcoverage

How Do I Renew HIP Plus Each Year?

Each year, HIP Plus members need to renew their HIP Plus eligibility. This process is called redetermination.

REDETERMINATION

This process ensures your information is up to date. Usually, this is only information that could change within a year like your home address, income, marital status and household members.

REDETERMINATION PROCESS

- 1 The State will send you a letter asking for information they need from you (like marital status or home address)
- 2 Collect and provide the requested information to the State
- 3 Your MCE will send you a letter informing you that you're covered.

TIP #1: ALWAYS OPEN YOUR MAIL

Make sure you pay extra attention to any mail from the Division of Family Resources.

TIP #2: USE FSSA BENEFITS PORTAL

You can use this portal to update your mailing address, choose text or email communications, see notices, find your POWER payment amount, and more.

<https://fssabenefits.in.gov/bp/#/>

For how to use the Benefits Portal, scroll down to 'Jump to Section, 2. Next Steps' at:

bit.ly/fssaunwind