Quick start guide
for HIP members
Serving Hoosier Healthwise and Healthy Indiana Plan
Welcome to Anthem Blue Cross and Blue Shield and the Healthy Indiana Plan (HIP)!

We’re happy you chose Anthem to arrange for health care services as part of HIP.
This quick reference guide can help you learn how to use your new health plan.

To help keep you and your family healthy, we offer many great benefits.* Among them, you’ll get:

- Many doctors to choose from and changing doctors is easy.
- A cellphone with 250 minutes each month and unlimited texting, plus a one-time bonus of 200 minutes.
- Transportation to your doctor appointments, to Women, Infants and Children (WIC) and redetermination appointments, and health classes.
- Rewards for going to certain preventive care visits and for completing a health survey.
- Subscriptions to *Parenting* magazine and *Eating Well* magazine.
- Future Moms/New Baby, New Life℠ program for pregnant women.
- Local classes and programs to help you with healthy living.

*Benefits may change.
**Your HIP plans and benefits**

**HIP Plus Plan:**
- Vision and dental covered.
- No copays, except for the use of the hospital emergency room for a nonemergency (does not apply to Native Americans, pregnant members and members who meet the 5% cost-sharing limit).
- HIP enhanced benefit covers eyeware (glasses, lenses, etc.) every two years.
- Required monthly payments based on your income level (no payments for Native Americans, during pregnancy or if you meet the 5% cost-sharing limit).
- Monthly payments must be made within 60 days. If payment is not made within 60 days:
  - Members with income at or below 100% of the federal poverty level (FPL) will be disenrolled from HIP Plus coverage and won’t be able to reenroll in HIP Plus until their next scheduled annual redetermination period. During this time, these members are ineligible for HIP Plus, and they can only receive HIP Basic benefits.
  - Members with income above 100% FPL will be disenrolled from HIP Plus coverage and won’t be able to reenroll for six months.
- Members termed for missing a payment must wait six months to apply for HIP again. This reenrollment lockout does not apply if you are medically frail, reside in a domestic violence shelter or are in a state-declared disaster area.
- **Making your POWER account contribution on time each month means that you receive the best benefits and will not have to pay each time you receive a covered health service.**
HIP Basic:
- Copays at the time of service for most services.
- No copays for members enrolled who become pregnant or who meet the 5% cost-share maximum.
- Only offered opportunity to enroll in the HIP Plus Plan at the time of enrollment and before the start of a new 12-month benefit period.
- Vision and dental benefits only covered for members who are pregnant or age 19-20.
HIP with State Plan Benefits

Some HIP members qualify for benefits — including vision, dental and transportation — that are the same as those provided to Hoosier Healthwise members. This is called HIP with State Plan Benefits. It includes very low-income parents or caretakers of children in the household, and individuals with certain serious medical conditions. There are two plans:

- HIP Basic with State Plan Benefits
- HIP Plus with State Plan Benefits

The benefits are the same in both — the difference is that members in the Plus Plan make predictable monthly payments. Basic Plan members do not pay a predictable monthly amount, but are charged a copayment for most services like visiting the doctor or filling a prescription.

Here are some other details:

**HIP Basic Plan with State Plan Benefits:**
- Includes members with income at or below 100% of the federal poverty level with serious medical conditions that qualify them as Medically Frail.†
- Includes low-income parents/caretakers (and members ages 19 to 20).
- Requires members to pay a copay when they receive services (except if you are pregnant or have spent more than 5% of your income on cost-sharing this period) such as doctor visits, prescriptions or hospital stays.
HIP Plus Plan with State Plan Benefits:
HIP members with income up to 138% FPL and who make monthly contribution payments may be enrolled in the HIP Plus Plan with State Plan Benefits:
- Includes parents, caretakers and 19 to 20-year-olds with family income less than 20% below FPL.
- Includes members who have a serious medical condition that qualifies them as Medically Frail.†
- Payments must be made within 60 days. If payment is not made within 60 days:
  - Members with income at or below 100% FPL will be moved to the HIP Basic Plan with State Plan Benefits if payments are more than 60 days late.
  - Members with income above 100% FPL are termed from HIP if payments are more than 60 days late.
  - Members termed for missing a payment must wait six months to apply for HIP again. This reenrollment lockout does not apply if you are medically frail, reside in a domestic violence shelter or are in a state-declared disaster area.

HIP State Plan Plus can be cheaper because you don’t have to make payments for things like going to the doctor, filling a prescription, or going to the hospital.
- Other than your monthly contribution, the only other cost you may have for health care in HIP Plus is a payment of $8 to $25 if you visit the emergency room when you don’t have an emergency health condition.

† Medically Frail
Members with complex medical or behavioral health conditions, considered “Medically Frail” are eligible to receive a benefit package called the “State Plan,” which is more appropriate for their health care conditions. Please contact your health plan or go online to www.in.gov/fssa/hip for information on these additional benefits.
An individual is Medically Frail if he or she has been determined to have one or more of the following:

- Disabling mental disorder
- Chronic substance abuse disorder
- Serious and complex medical condition
- Physical, intellectual or developmental disability that significantly impairs the individual’s ability to perform one or more activities of daily living
- Disability determination from the Social Security Administration

Your access to the State Plan is temporary while your health plan confirms your status as Medically Frail. If your health plan confirms your status as Medically Frail, you’ll continue receiving State Plan Benefits. If your health plan doesn’t confirm your status as Medically Frail, you’ll no longer receive this package. You must make your first POWER account payment in order to access HIP State Plan Plus Benefits. Payments must be made within 60 days. Members with income at or below 100% of the federal poverty level will be moved to the HIP Basic Plan with State Plan Benefits if payments are more than 60 days late.

HIP for pregnant members

If you are pregnant, you may stay with your current HIP plan. Or you can switch to HIP Maternity. Regardless of your choice, you will get added benefits, including nonemergency transportation services to medical appointments. And you won’t have cost sharing for the rest of your pregnancy, and you’ll get the same complete group of benefits.

You’ll be enrolled into HIP Maternity right away if you’re pregnant when:

- It’s time to renew your coverage
- You apply for coverage and your income is below 138% FPL
## HIP Plans Quick Comparison Guide

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<td>No copay</td>
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* Some members are not required to pay copays — see the Benefits Guide in your handbook for more details.
Your HIP POWER Account

Anthem wants its members to be involved in their own health care. With a HIP plan, the first $2,500 of your medical expenses for covered benefits are paid with a special savings account called a Personal Wellness and Responsibility (POWER) Account. The state will contribute most of this amount, but you’ll also be responsible for making a small contribution to your account each month. The amount of your contribution amount is based on your income. Managing your account well and getting preventive care can reduce your future costs. If your annual health care expenses are more than $2,500, the first $2,500 is covered by your POWER account. The expenses for additional health services over $2,500 are fully covered at no additional cost to you (unless you are in the HIP Basic program and are responsible for any copays). In HIP, your contributions to your POWER account will be yours, and you could receive a portion back if you leave the program. Since your contributions are based on a projected annual amount, you may also be responsible for paying the contributions for any remaining months of enrollment if you leave the program early after having significant health care expenses. For more information on your POWER Account, please see your handbook.

Your doctor and you

When you joined Anthem, you chose or were given a primary medical provider (PMP). Your PMP takes care of all your health care needs. You can call or visit your PMP with any questions about how you’re feeling. He or she can help you get the care you need from specialists, hospitals or other providers.

Your PMP is the key to all your health care needs like:

- Making sure you get all your preventive care, such as wellness visits.
- Treating you when you’re sick or injured.
- Prescribing medications you need.
- Authorizing X-rays, lab work or other medical services.

You can change your PMP any time. Just call us at 1-866-408-6131 (TTY 1-866-408-7188). We can help you find a new PMP. We’ll mail you a new ID card if you change to a different PMP.
As an adult, you should visit your doctor once a year for a checkup — even if you don’t feel sick.

To help you remember, schedule your checkup in the same month as your birthday each year. HIP members receive credit for preventive care. If you are in the HIP Basic Plan, you can receive credit that will reduce the amount you have to pay to upgrade to the HIP Plus Plan. If you are in the Plus Plan, you get credit for unused POWER Account funds. This is called a rollover. But you may be able to get more credit if you have your required preventive services. Rollover credit reduces the amount you have to pay each month for your Plus Plan in the following year.

Preparing for your doctor’s visit
It’s a good idea to plan ahead for your PMP checkup. Decide what you want to talk about. Write down any questions or concerns you have and bring:

- Your HIP ID card.
- A list of any medications you’re taking — or bring them with you.

Seeing your PMP for regular checkups can help you stay healthy. During your visit, your PMP will:

- Talk with you about your past health history and your family’s health history.
- Give you a physical exam to check your body mass index, vision, hearing, blood pressure, reflexes and more.
- Review your current medications and make sure you’re taking them correctly.
- Ask questions about your daily living habits like smoking, safety and more.
**After-hours, urgent and emergency care**

**After-hours care**
An urgent medical condition is not an emergency, but needs medical care within 24 hours. This is not the same as a true emergency. Call your PMP if your condition is urgent and you need medical help within 24 hours. If you cannot reach your PMP, call our 24/7 NurseLine, even on holidays, at 1-866-800-8780 (TTY 1-800-368-4424).

**Urgent care**
If you have an injury or an illness that could turn into an emergency if not treated within 24 hours, you need urgent care. You can go to any urgent care center or other provider in the Anthem HIP provider network. No prior approval or referral is needed to get urgent care from one of our network providers for things like:

- Throwing up
- Minor burns and cuts
- Rash
- Earaches
- Headaches
- Sore throat
- Fever

**Emergency**
In an emergency, call 911 or go to the nearest hospital emergency room (ER). Do not seek advice if you know it is an emergency.
No prior approval or referral is needed to get emergency care. Just go to the ER if it’s a true emergency. If you are not sure, you can call our NurseLine at 1-866-800-8780 (TTY 1-800-368-4424). If you choose to use the emergency room when you do not have an emergency health condition, you will have to pay a copay. The first time you use the emergency room when you don’t have an emergency health condition, this copayment will be $8. After the first time, you will have to pay $25 every time you use the emergency room when the health condition is not an emergency. If you call the NurseLine and they tell you to go to the emergency room, then you won’t be responsible for a copay.
What is an emergency?
If not seeing a doctor right away could end in death or very serious bodily harm, it’s an emergency. If you think the problem is so severe that it may be life-threatening or cause serious damage, there is a good chance it’s an emergency.

Some examples of what is considered an emergency are:
- Trouble breathing
- Chest pains
- Loss of consciousness
- Very bad bleeding
- Bad burns
- Shakes or seizures

Make sure you call your PMP within 24 hours after you go to the ER or if you are checked into the hospital. Your PMP will set up a visit with you for follow-up care.

What if I’m out of the area and need health care?
If it’s an emergency, go to the nearest ER or call 911. For urgent care, go to one of our network urgent care centers or call your PCP. You may also call our NurseLine at 1-866-800-8780 (TTY 1-800-368-4424) at any time for help.

What if I need a referral?
Anthem requires that you get a referral from your PMP to go to a specialist and to get most other services. A referral is the approval from your PMP to see another doctor or provider who specializes in treating a certain kind of illness. These other services may include the following:
- Admission to a hospital
- Diagnostic tests and services
- Services that need prior authorization
Pharmacy services

You can get prescriptions filled at any Anthem HIP network pharmacy. Make sure you show your HIP ID card when you pick up your prescription. Pharmacy benefits for HIP members include:

- Prescription drugs.
- Over-the-counter (OTC) items approved by the U.S. Food and Drug Administration (FDA) and listed on the OTC Drug Formulary.
- Self-injectable drugs (includes insulin).
- Needles, syringes, blood sugar monitors, test strips, lancets and glucose urine testing strips.
- Drugs to help you quit smoking.

The Preferred Drug List (PDL) is different for each HIP Plan — the Basic Plan has a list of drugs with more restrictions and requires copayments. For Basic members, copayment for preferred drugs is $4 and the copayment for nonpreferred drugs is $8. Pregnant HIP members won’t have to pay any copays. HIP Plus Plan members don’t pay copays for any pharmacy services.

HIP Plus members: how to pay your monthly contribution

Below are the ways you can pay your monthly contribution. And remember, your employer can pay up to 50% of your contribution. And a nonprofit group, like a church or foundation, can pay some or all of it. If they do pay some of your contribution, the amount you pay is what is left.

1. **Mail** — Send the form with your check or money order to:
   
   Anthem BCBS IN HIP  
   P.O. Box 105674  
   Atlanta, GA 30348-5674

2. **Bank Draft** — Have your payments taken right out of your checking account each month. Contact our Customer Care Center to set this up.
Complete your health assessment online by going to www.uandicare.com.

3. **Online** — You can make your payment by registering at www.anthem.com. You may also set up a way for us to accept payments from banks and credit unions. Talk to your bank if you need help signing up for their online bill pay services. Allow three business days for your payment to be posted when you use an online bill pay service.

4. **Walmart** — You can pay with cash or a debit card at your local Walmart store. Just show your current monthly statement and allow five days to post to your account. Walmart charges 88 cents for this service.

5. **Telephone** — Pay by credit card by calling our Customer Care Center. Allow at least five days for your payment to post.

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**If your check is returned:**
You will have to pay a $20 fee. The payment will also be reversed from your account. This may cause you to be past due in payments. Your HIP Plus Plan will end if your account is more than 60 days past due. If this happens and your family income is above 100% FPL, you will have to wait six months to apply again for HIP. If your family income is at or below 100% FPL, you will be moved to the HIP Basic Plan.

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**Stay in touch**

We want to help you make the most of your HIP benefits. First, you should complete your health assessment. Please call us any time you have any questions or if we can help. Thank you again for choosing Anthem for your Healthy Indiana Plan.