

February 1, 2015

Healthy Indiana Plan expansion

The expansion of Anthem Blue Cross and Blue Shield (Anthem), Healthy Indiana Plan (HIP), known as HIP 2.0, will result in an increase in benefits for members. As an Anthem provider, your continued commitment to providing quality care across all products to our members is central to helping them achieve and maintain good health.

Who is eligible for HIP 2.0?

Indiana residents between the ages of 19 and 64, with incomes below 138% of the federal poverty level (FPL), who are not eligible for Medicare and otherwise eligible for Medicaid, are eligible for HIP 2.0. Also eligible are some individuals who are currently enrolled in:

- Current HIP program
- Federal marketplace
- Family planning
- Hoosier Healthwise (HHW)
- Parents and caretakers (MAGF)
- 19- and 20-year-olds (MAT)

When does service coverage begin?

HIP 2.0 will be effective **February 1, 2015**. The following service coverage will also apply:

- HIP and applicable HHW members converted to HIP 2.0 without having to reapply
- New applicants may submit Indiana health coverage application and be considered for HIP coverage
- No retroactive coverage

What types of services are covered?

- **HIP Basic members**
 - Minimum coverage providing the essential health benefits
- **HIP Plus members**
 - HIP Basic benefits with additional services including bariatric surgery, TMJ treatment, and more allowed physical, speech and occupational therapy visits
 - Vision
 - Dental

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HIP 2.0 plans – 4 plans

HIP Plus	HIP Basic	HIP State Plus	HIP State Basic
<ul style="list-style-type: none"> • Physician services • Inpatient and outpatient services • Prescription drugs • Routine dental and vision service • Pregnancy-related services • Copays apply to nonemergent ER visits only • POWER Account contributions 	<ul style="list-style-type: none"> • Physician services • Inpatient and outpatient services • Prescription drugs • No routine dental or vision • Pregnancy-related services • Copays apply to outpatient, inpatient, preferred drugs, nonpreferred drugs and nonemergent ER visits 	<ul style="list-style-type: none"> • Mirrors the current Indiana Medicaid Plus covered services including: <ul style="list-style-type: none"> • Chiropractic • Nonemergent transportation • Routine dental and vision • Copays apply to nonemergent ER visits • POWER Account contributions 	<ul style="list-style-type: none"> • Mirrors the current Indiana Medicaid Basic covered services including: <ul style="list-style-type: none"> • Chiropractic • Nonemergent transportation • Routine dental and vision • Copays apply to outpatient, inpatient, preferred drugs, nonpreferred drugs and nonemergent ER visits
<p>The Automated Voice Response (AVR) system and Web interChange will be available for providers to verify HIP 2.0 member eligibility and benefit plan.</p>			

If you have questions, please contact your Anthem network contracting representative by calling **1-800-345-4344**.