

MDwise
Healthy Indiana Plan
Member Cost Sharing Responsibilities

POWER ACCOUNT CONTRIBUTIONS

HIP Plus members make a financial contribution to their POWER account that is applied toward medical and pharmacy prescription coverage. HIP Basic members make no contribution to their POWER Accounts but they do pay copays (see page 2).

All HIP Members (Plus and Basic) contribute no more than 2% of their gross annual family income (including power account contributions and co-pays) to have the security of health insurance. The maximum monthly contribution will not exceed \$100.

The State calculates the individual's POWER Account contribution during the application process. Contributions are also recalculated by the State before a new coverage term begins (during redetermination), to account for any changes in the member's income. If some or all of a member's POWER Account balance is rolled over at the end of the coverage term, the annual amount of the member's POWER Account contribution for the new coverage term will be reduced by that account balance.

POWER Accounts are funded by both the state and the member in an amount equal to \$2,500. The State contributes to the member's POWER Account, and members are also encouraged to seek contribution assistance from their Employer. An employer is allowed to contribute no more than 50% of the member's annual POWER Account obligation. Employers interested in providing assistance can seek further information by accessing MDwise.org or by calling MDwise Customer Service at [1-800-356-1204](tel:1-800-356-1204). Also, need to add non profit contributions.

HIP Plus members must make their required contribution each month. MDwise provides a wide range of payment options for members to make sure that it is easy for them to make their contributions on time. Penalties for non-payment of contribution vary for members above or below the 100% FPL. If a member with a family income 101% of the FPL or greater does not make a contribution within 60 calendar days of their enrollment, coverage will be terminated. (Claims will be paid during this 60 day grace period) If a member with a family income 101% of the FPL or greater loses their coverage because they failed to pay their contribution, they may not reenroll for HIP for at least 6 months.

For members with family incomes 100% or below the FPL participation in the HIP Plus plan is optional with the alternative choice being the HIP Basic plan. Members at this income range (100% or below the FPL) who miss required payments (initial or subsequent) would be placed into the HIP Basic plan instead of disenrollment. HIP Basic plan requires co-payments for all covered services except preventive care and members may not transfer to the HIP Plus plan until annual redetermination.

CO-PAYMENTS FOR MDWISE HIP PLUS AND BASIC MEMBER

There are no co-payments in the HIP Plus plan except for non-emergency use of the ER, which will total \$8 for an initial visit and \$25 for subsequent, inappropriate visits. Pregnant women are excluded from this co-payment and all others.

The HIP Basic plan will require co-payments for all covered services besides preventive care. Pregnant women in this program are exempt from all co-payments. Medically frail, Section 1931 parents, and caretaker relatives have the option to opt out of these co-payments, but must make POWER account contributions. Co-payment amounts per service type are as follows:

- Preventive Care and Family Planning Services = \$0
- Outpatient Services = \$4
- Inpatient Services = \$75
- Preferred drugs = \$4
- Non-preferred drugs = \$8
- Specialist Visit = \$4
- Non-emergency ED visit = Up to \$25**

***Graduated payment from \$8-\$25*

NOTE: Providers should check the MDwise portal for the member's copay amounts at the time eligibility is checked.

Providers collect the co-payment from members at the point of service. The member's copayment amount is indicated on their HIP member ID card. Please note that POWER Account funds cannot be used by the member to pay the co-payment.