



**United Cerebral Palsy Association  
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## RESOURCE MEMO # FN6

**Date:** February 20, 2006  
**RE:** Children's Health Insurance

There are two public health care insurance programs for children in Indiana.

- Hoosier Healthwise** is Indiana's health care program (Medicaid) for children (CHIP), pregnant women, and low-income working families. Based on family income, children up to age 19 may be eligible for premium-free or low-cost coverage under the Children's Health Plan - Benefit Package C. For package C, monthly premiums range from \$22 to \$33 for one child, and \$33 to \$50 for two or more children. As of 4/1/05, the income guidelines for children are as follows:

| Family Size        | Package A - free premium |           | Package C - low-cost premium |           |
|--------------------|--------------------------|-----------|------------------------------|-----------|
|                    | Month                    | Year      | Month                        | Year      |
| 1                  | \$ 1,197                 | \$ 14,364 | \$ 1,595                     | \$ 19,140 |
| 2                  | \$ 1,604                 | \$ 19,248 | \$ 2,139                     | \$ 25,668 |
| 3                  | \$ 2,012                 | \$ 24,144 | \$ 2,682                     | \$ 32,184 |
| 4                  | \$ 2,419                 | \$ 29,028 | \$ 3,225                     | \$ 38,700 |
| 5                  | \$ 2,827                 | \$ 33,924 | \$ 3,769                     | \$ 45,228 |
| Each addt'l member | \$ 407                   | \$ 4,884  | \$ 543                       | \$ 6,516  |

- Children's Special Health Care Services** is a supplemental program that helps families of children with serious, chronic medical conditions (including cerebral palsy) pay for treatment related to their child's condition. In order to qualify, a child must be 21 years or younger, an Indiana resident and **must be both medically and financially eligible**. As of February 18, 2005, the income guidelines are as follows:

| Family Size                      | Annual Income | Family Size | Annual Income |
|----------------------------------|---------------|-------------|---------------|
| 1                                | \$ 23,925     | 7           | \$ 72, 825    |
| 2                                | \$ 32,075     | 8           | \$ 80,975     |
| 3                                | \$ 40,225     | 9           | \$ 89,125     |
| 4                                | \$ 48,375     | 10          | \$ 97,275     |
| 5                                | \$ 56,525     | 11          | \$ 105,425    |
| 6                                | \$ 64,675     | 12          | \$ 113,575    |
| For each additional member, add: |               |             | \$ 8,150      |

To apply for either program, contact your local Family and Social Services Administration office.