

MEDICAID

# HOOSIER HEALTHWISE & HEALTHY INDIANA

Plans



  
**CareSource**<sup>®</sup>

# Why CareSource®?

CareSource is **so much more than health insurance**. Whether it's helping you get a job, set up a bank account or prepare for a pregnancy, we'll be there. The State of Indiana requires all Medicaid plans to offer certain benefits. Those are listed on pages 3 - 5. But we offer so much more, such as:

**CareSource Life Services® and CareSource JobConnect™:** Life Coaches work with members to connect them to community resources, support with educational & employment goals, and help coordinate rides to non-medical appointments in the community.

**CareSource24®:** Our 24/7/365 Nurse Advice Line.

**Care Managers:** Who can assist with housing, medical equipment, utilities and other urgent basic needs.

**Lifeline Telephone Assistance Program:** Free or discounted cell phone program (for eligible members) to contact CareSource24 and the Customer Care Advocacy Team.

**Rewards programs for all members:**

**Babies First®:** Earn up to \$200 per pregnancy for attending prenatal, postpartum, well-baby visits and more.

**Kids First:** Earn up to \$50 per year for children ages 16 months to 18 years for completing well-child visits, dental exams, getting vaccinations and more.

**MyHealth Rewards:** Adults ages 19+ can earn up to \$50 if enrolled in HHW and up to \$300 if enrolled in HIP for completing preventive screenings, dental exams, flu shots, participating in smoking cessation and chronic disease management programs and more.

**Text4Baby:** A free message three times per week, timed to the due date or baby's birth date, through pregnancy and up until the baby's first birthday.

**Medication Therapy Management (MTM):** One-on-one medication review and consultation with your pharmacist to ensure your medications are appropriate and safest for your health care needs.

**Telehealth:** Access to a doctor using a phone or computer. Helps avoid long waits at the doctor's office, ER or urgent care for non-emergency issues.

**Express Banking®:** A bank account from Fifth Third Bank with no monthly service charge, no balance requirement, no overdraft fees and a debit card for purchases.

**CareSource Mobile App:** Provides access to member ID card, "how-to" videos and a quick search for doctors.

**Disease Management:** Programs for asthma, ADHD, addiction, autism, behavioral health, chronic kidney disease and more. These programs are also included in our rewards programs.

# HEALTHY INDIANA PLAN

The Healthy Indiana Plan (HIP) is a health insurance program for low-income Hoosiers ages 19 to 64, with benefits that include hospital care, mental and behavioral health services, substance abuse treatment, maternity care, doctor visits and prescriptions.

Below is a quick guide to plans available to HIP members:

	<b>HIP Plus</b> Available to all members who make their monthly POWER account contributions	<b>HIP Basic</b> Available to members at or below 100% FPL who do not make their POWER account contributions
<b>Payment</b>	Monthly Payment	Copay Range \$4-75
<b>Medical Services</b>	Covered	Covered
<b>Vision Services</b>	Covered	Not Covered (Except members 19-20 years old)
<b>Dental Services</b>	Covered	Not Covered (Except members 19-20 years old)
<b>Chiropractic Services</b>	Covered	Not Covered
<b>Non-emergency Transportation</b>	Covered*	Covered*

\*Added CareSource Benefit



	<b>HIP Maternity</b> Available to all members who report pregnancy	<b>HIP State Plan</b> Available to members who qualify to receive enhanced benefits (such as those determined to be medically frail)	
		<b>Plus</b>	<b>Basic</b>
	No Cost-Sharing	Monthly Payment	Copay Range \$4-75
	Covered	Covered	Covered

# HOOSIER HEALTHWISE

Hoosier Healthwise (HHW) is Indiana's health care program for children and pregnant women. There are several different program packages under HHW that are tailored for specific groups of people.

There are two benefit packages in HHW:

**Package A:** Full-service plan for children and pregnant women. Members do not have cost-sharing obligations.

**Package C:** Full-service plan for children in the Children's Health Insurance Program (CHIP). There is a small monthly premium payment and copay for some services based on family income.

	HHW Package A	HHW Package C
<b>Payment</b>	No Cost-Sharing	Yes
<b>Medical Services</b>	Yes	Yes
<b>EPSDT</b>	Yes	Yes
<b>Dental Services</b>	Yes	Yes
<b>Counseling</b>	Yes	Yes
<b>Non-emergency Transportation</b>	Yes	No

To learn more about these programs, visit [www.in.gov/medicaid](http://www.in.gov/medicaid).





## We care about you and your health.

We'd love to have you join one of our plans. If you're already enrolled in another plan, you may switch during the Plan Selection Period (November 1 – December 15) or during your redetermination period.

For more information about CareSource:

**VISIT [CareSource.com](https://www.caresource.com)**

**CALL 1-844-607-2829 (TTY: 711)**

First Name

Last Name

Address

City

State

Zip Code

Email

Phone

What is the best time for a CareSource representative to contact you to explain benefits and answer questions?

A.M.

P.M.





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CARESOURCE

P.O. BOX 44242

Indianapolis, IN 46244





## QUESTIONS?

If you have questions about HIP, or to switch to CareSource, please call **1-877-GET-HIP-9 (1-877-438-4479)**.

If you are a HIP member, you can change your membership any time before making the first POWER account contribution or within 60 days of assignment, whichever comes first. You'll receive more information in the mail when you enroll or you can visit the Indiana Family and Social Services website at **[www.in.gov/fssa/hip](http://www.in.gov/fssa/hip)**.

If you have questions about HHW, please visit **[www.indianamedicaid.com](http://www.indianamedicaid.com)** or call **1-800-403-0864**.

If you are an HHW member, you can choose to end your membership during the first three months of enrollment or during the annual enrollment month for your area.



Exclusions and limitations may apply. Please contact CareSource for complete details.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religion affiliation, health status, or public assistance status..

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-855-202-0729 (TTY: 711).

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-855-202-0729 (TTY: 711)。