



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com

Dear Employer,

One of your employees is a member of the Healthy Indiana Plan (HIP). CareSource handles the care for your employee.

HIP is a low-cost health plan for adult Hoosiers between the ages of 19 and 64 and is sponsored by the State. HIP calls for some members to make a monthly payment into a Personal Wellness and Responsibility (POWER) account. The money in the account is used to pay part of the member's health care costs.

Employers may choose to make a payment to the member's POWER Account Contribution to offset the employee's portion. The employer's contribution cannot exceed more than an individual's annual POWER Account contribution remaining due at the time of the payment.

As an employer, there are many benefits to your company for paying into your employee's HIP POWER account, which are:

- Staff loyalty,
- Greater productivity,
- Health and wellness,
- Less missed work due to sickness, and
- Lower health care costs.

If you wish to contribute, please fill out the "employer contribution" form attached to this letter, then mail the form back to CareSource with your check or credit card information. You can also pay online at CareSource.com (URL: <https://www.caresource.com/members/indiana/hip-hhw/costs-how-to-pay/>). You will need to enter the member RID, member date of birth and the last 4 digits of the member's social security number to make the online payment). You may pay your contribution in a lump sum payment; or, if you choose to make monthly payments for your employee, you will get a monthly invoice from CareSource.

If you have questions, please call CareSource Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711).

Sincerely,

CareSource

Third-Party Contribution Authorization

Employers, nonprofit organizations, and other third-party payers may help a Healthy Indiana Plan (HIP) member with some or all of their monthly POWER account contribution. The employee should complete the "Employee Information" below and the third-party contributor should then complete this form and submit it to CareSource at the address located on the bottom of this form.

Please contact CareSource Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711) with questions.

HIP Member (Employee) Information:

Name: _____ RID #: _____

Member Email Address: _____

Mailing Address: _____

Name of Employer or Other Payer: _____

Monthly POWER Account Contribution Amount: _____

Employer or Other Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Identification Number (EIN): _____

Contribution Amount: _____

Payment Frequency (one-time, monthly, or annually): _____

Payment Type (Check, Credit, EFT, etc.): _____

Please mail this form to:
CareSource Billing Department
P.O. Box 8738
Dayton, OH 45401-8738

*Please make sure to include the member's RID number on all payments submitted to ensure they are applied to the proper account.