



## Payment Information

**Payments:** Your invoice shows the amount due to keep your coverage with CareSource. Send payments to the payment address on the invoice. If payment is not posted by the first of the month, you are considered past due on your contribution payment. If you become 60 days past due you may lose your benefits and be locked out of the program.

**More Payment Options:** CareSource takes payments in the form of check, money order, online payment, or electronic check or debit card by telephone. Electronic payments must be made in US dollars and clearable through the US banking system.

Pay online at [mycaresource.com](http://mycaresource.com)

Pay by phone at 1-877-806-9284

Pay by mail by sending your payment to CareSource; PO Box 6065; Indianapolis, IN 46206-6065

### Non Payment Exceptions:

- a) Members confirmed medically frail will not be removed from the program due to non-payment. In the event a medically frail member with income over 100% Federal Poverty Limit (annual income of \$11,880 for individuals and \$24,300 for a family of four) does not make a payment timely, the medically frail member will still get HIP State Plan benefits with no reduction in care. But, the member will be required to make copays. CareSource will still send monthly POWER Account invoices to such medically frail members above 100% of the Federal Poverty Limit. The member will continue to incur debt for unpaid POWER Account contributions as well.
- b) Members receiving transitional medical assistance (TMA) who do not make their POWER Account contributions will not be subject to termination for non-payment either, but will be moved to the HIP State Plan Basic and will no longer be responsible for a monthly PAC payment during their guaranteed TMA eligibility period.

**Fees:** A \$25 returned check fee will be charged to your account for any check not honored by your bank or any chargeback received from your credit card issuer.

**Reporting a Change:** Changes in household income and address must be reported to the state. With these types of changes, you must inform the Division of Family Resources (DFR). You can call DFR at 1-800-403-0864 or go to <https://fssabenefits.in.gov/benefitsportal/app/portalhome#/>.

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, religious 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, por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

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，请拨打您的会员 ID 卡上的会员服务电话号码。