



## PRODUCTS



### MEDICAID HEALTH PLANS



**HOOSIER HEALTHWISE**  
*Children ages birth - 18*



**HEALTHY INDIANA PLAN (HIP)**  
*Low-income adults aged 19-64*



**HOOSIER CARE CONNECT**  
*Aged 65 and over,  
blind or disabled*



### MARKETPLACE HEALTH PLANS

**AMBETTER ESSENTIAL CARE**  
(BRONZE)

**AMBETTER BALANCED CARE**  
(SILVER)

**AMBETTER SECURE CARE**  
(GOLD)



### MEDICARE HEALTH PLANS

**ADVANTAGE HMO**

**ADVANTAGE PPO**

**HMO DSNP**

Managed Health Services (MHS) is a managed care entity that has been proudly serving Hoosiers for more than twenty-five years through our Medicaid, Medicare and Marketplace products.

We focus on quality, preventive care and education in order to transform the health of the community, one person at a time. All of our plans offer comprehensive coverage with a provider network you can trust.



## MEDICAID

MHS provides coverage through three different Medicaid programs. Potential members enroll through the Indiana Family and Social Services Administration (FSSA) and then select or are assigned to a Managed Care Entity (MCE) once eligible. [mhsindiana.com](http://mhsindiana.com)

**Member Name:**  
**Member RID:**

**Member ID:** 004336  
**RXPCN:** MCAIDADV  
**RXGROUP:** RX5440

**HOOSIER HEALTHWISE MEMBER ID CARD**

HOOSIER HEALTHWISE

**Member Name:**  
**Member RID:**

**Member ID:** 004336  
**RXPCN:** MCAIDADV  
**RXGROUP:** RX5440

**HEALTHY INDIANA PLAN MEMBER ID CARD**

HEALTHY INDIANA PLAN (HIP)

**Member Name:**  
**Member RID:**

**Member ID:** 004336  
**RXPCN:** MCAIDADV  
**RXGROUP:** RX5440

**HOOSIER CARE CONNECT MEMBER ID CARD**

HOOSIER CARE CONNECT

## AMBETTER

Ambetter from MHS is a Qualified Health Plan (QHP) issuer in the Indiana Health Insurance Marketplace. Ambetter may also be known as Coordinated Care or Celtic. Member plan options vary between costs for monthly premium payments vs. out-of-pocket expenses. Subsidies are dependent on member's income level. [ambetter.mhsindiana.com](http://ambetter.mhsindiana.com)

<p><b>Subscriber:</b> [Jane Doe] <b>Member:</b> [John Doe] <b>Policy #:</b> [XXXXXXXXXX] <b>Member ID #:</b> [XXXXXXXXXXXXXX] <b>Plan:</b> [Ambetter Balanced Care 1]</p>	<p><b>Effective Date of Coverage:</b> [XX/XX/XX] <b>RXBIN:</b> 004336 <b>RXPCN:</b> ADV <b>RXGROUP:</b> RX5453</p>	<p><b>IN NETWORK COVERAGE ONLY</b></p> <p><b>Member/Provider Services:</b> 1-877-687-1182 TTY/TDD: 1-800-743-3333 24/7 Nurse Line: 1-877-687-1182</p> <p><b>Medical Claims:</b> Managed Health Services Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010</p> <p><b>Numbers below for providers:</b> <b>Pharmacy Help Desk:</b> 1-866-270-3922 <b>EDI Payor ID:</b> 68069 <b>EDI Help Desk:</b> Ambetter.mhsindiana.com</p>
<p><b>COPAYS</b></p> <p>PCP: \$10 coin, after ded. Specialist: \$25 coin, after ded. Rx (Generic/Brand): \$5/\$25 after Rx ded. Urgent Care: 20% coin, after ded. ER: \$250 copay after ded.</p>	<p><b>Deductible (Med/Rx):</b> [\$250/\$500]</p> <p><b>Coinsurance (Med/Rx):</b> [50%/30%]</p>	<p><b>Additional Information:</b> Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 to go to the nearest Emergency Room (ER). Emergency services given to a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a charge to member responsibility. For updated coverage information, visit <a href="http://Ambetter.mhsindiana.com">Ambetter.mhsindiana.com</a>.</p>

## WELLWARE

Wellcare By Allwell is a Medicare Advantage plan that covers the same services as traditional Medicare and also offers prescription drug coverage (Part D) for those 65 years and older or under 65 with qualifying disabilities. HMO, PPO and HMO DSNP plans are available. [wellcare.mhsindiana.com](http://wellcare.mhsindiana.com)

**MEMBER INFORMATION**  
Name: [First MI Last]  
Member ID #: [XXXXXXXX-XX]  
Issuer ID: (80840) (9151014609)

**PHARMACY INFORMATION**  
Rx Claims Processor:  
CVS Caremark®  
RXCIN: (004336)  
RXPCN: (MEDDADV)  
RXGRP: (RX891D)

**PROVIDER INFORMATION**  
PCP Name: <>  
PCP Phone: <>

**FOR EMERGENCIES**  
Dial 911 or go to the nearest Emergency Room (ER).

**Submit Part D Drug Claims to:**  
Allwell  
Attn: Pharmacy Claims  
P.O. Box 419069  
Rancho Cordova, CA  
95641-9069

**MEMBER FROM MHS - ADVISORY CLAIMS**  
ID: (68069) - ADVISORY CLAIMS  
P.O. Box 3060 Farmington, MO 63640-3829

ADVANTAGE HMO

**MEMBER INFORMATION**  
Name: [First MI Last]  
Member ID #: [XXXXXXXX-XX]  
Issuer ID: (80840) (9151014609)

**PHARMACY INFORMATION**  
Rx Claims Processor:  
CVS Caremark®  
RXCIN: (004336)  
RXPCN: (MEDDADV)  
RXGRP: (RX891D)

**PROVIDER INFORMATION**  
PCP Name: <>  
PCP Phone: <>

**FOR EMERGENCIES**  
Dial 911 or go to the nearest Emergency Room (ER).

**Submit Part D Drug Claims to:**  
Allwell  
Attn: Pharmacy Claims  
P.O. Box 419069  
Rancho Cordova, CA  
95641-9069

**MEMBER FROM MHS - ADVISORY CLAIMS**  
ID: (68069) - ADVISORY CLAIMS  
P.O. Box 3060 Farmington, MO 63640-3829

ADVANTAGE PPO

**MEMBER INFORMATION**  
Name: [First MI Last]  
Member ID #: [XXXXXXXX-XX]  
Issuer ID: (80840) (9151014609)

**PHARMACY INFORMATION**  
Rx Claims Processor:  
CVS Caremark®  
RXCIN: (004336)  
RXPCN: (MEDDADV)  
RXGRP: (RX891D)

**PROVIDER INFORMATION**  
PCP Name: <>  
PCP Phone: <>

**FOR EMERGENCIES**  
Dial 911 or go to the nearest Emergency Room (ER).

**Submit Part D Drug Claims to:**  
Allwell  
Attn: Pharmacy Claims  
P.O. Box 419069  
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HMO DSNP