



Invoice

MHS & Ambetter from MHS
550 N. Meridian Street, Ste. 101
Indianapolis, IN 46204

1 Member ID: XXXXXXXXXXXXX
Invoice #: XXXXXXXXXXXXX
Invoice Date: 12/15/2017
2 Due Date: 12/31/2017

3

HIP Power Account Contribution	01/01/2017-01/31/2017	\$15.00
State Rollover Discount		\$0.00
Current Amount Due		\$15.00
Tobacco User Surcharge		\$0.00
Previous Amount Due/Credit on Account		\$15.00

4

Thank you for making MHS your choice for better healthcare. You are a fully eligible HIP Plus member. This invoice is a reminder that your monthly POWER Account Contribution (PAC) is due.

HIP Plus provides the best value coverage and includes dental, vision and chiropractic services. Please send your payment today to continue to receive your medical, dental, vision and chiropractic benefits. Do you have My Health Pays® rewards? You can use them to pay your PAC!

For billing questions, to receive this statement by email or in another language, or to learn more about HIP Plus coverage, please visit our website at mhsindiana.com or call MHS Member Services at 1-877-647-4848.

5

Please detach and return bottom portion with payment



550 N. Meridian Street, Ste. 101
Indianapolis, IN 46204

Make Check Payable to:
MANAGED HEALTH SERVICES

Invoice# [12345678912]
Due Date [12/31/2017]

Member Name	Member ID	Due Date	Amount Due	Amount Enclosed
[Member Name]	[XXXXXXXXXXXX]	12/31/2017	\$15.00	
Credit Card Number			CVV	
Signature			Exp Date	
MHS Accepts Discover, MasterCard and Visa				

6

MANAGED HEALTH SERVICES
Mailstop 16253487
PO Box 660160
Dallas, TX 75266-0160



HIP Plus members pay an affordable monthly contribution, based on their income. The following table shows these amounts. If you are eligible for HIP and you are a tobacco user, you may have an increased POWER Account contribution in your second year of coverage.

7

Tier	Monthly PAC Single Individual	Monthly PAC Spouses	PAC with Tobacco Surcharge	Spouse PAC when one has tobacco surcharge	Spouse PAC when both have tobacco surcharge (each)
1	\$1	\$1	\$1.50	\$1 & \$1.50	\$1.50
2	\$5	\$2.50	\$7.50	\$2.50 & \$3.75	\$3.75
3	\$10	\$5	\$15	\$5 & \$7.50	\$7.50
4	\$15	\$7.50	\$22.50	\$7.50 & \$11.25	\$11.25
5	\$20	\$10	\$30	\$10 & \$15	\$15

- 8 **Payment:** Monthly contributions are due by the due date listed on the invoice. After that due date, you have 60 days to make a payment before losing HIP Plus coverage.
- 9 **Non-Payment:** HIP Plus members who choose not to pay their PAC are disenrolled from HIP Plus. If your monthly income is below the federal poverty level, you will be enrolled in HIP Basic where members are required to make copayments. If your income is above the federal poverty level, you will lose your health coverage and will not be able to re-apply for 6 months. Members who are medically frail, living in a domestic violence shelter, or living in a state-declared disaster area are exempt from the six month lock-out restriction and can re-apply.
- 10 **Payment Options:** MHS accepts the following forms of payment: cash, check, My Health Pays® Rewards, MoneyGram, debit and credit card.
- Pay online at mhsindiana.com
 - Pay by Phone at 1-877-647-4848
 - Pay by Mail by sending payment to Managed Health Services; Mailstop 16253487; PO Box 660160; Dallas, TX 75266
 - Pay at MoneyGram locations (Receive Code: 15200)

Credit Balances and Refunds: Refunds for overpayments and/or credits will be issued to members during the POWER Account reconciliation process. These are issued within 120 days after the end of the member's benefit period. Please call Member Services at 1-877-647-4848 for more information on refunds and rollover.

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: To report a change in address or income, please visit fssabenefits.in.gov or call 1-800-403-0864.

DESCRIPTION KEY

1. **Member ID:** This is your Medicaid ID. You will need this number to make a payment by phone or online. If you choose to send a check or money order, please make sure you include this number on your payment.
2. **Due Date:** This is the due date of your monthly POWER Account contribution (PAC). (Conditionally Eligible Members - if payment is not received by this date, your coverage may be reduced or terminated).
3. **Description of Amount Due:** This line explains what you are being billed for. In most cases, that will be your monthly PAC payment. If you are a tobacco user in 2019, you will see your surcharge amount here. If you earned a State Rollover Discount, you will see the credit displayed in this table. A credit has a dash before the number (-\$2.00).
4. **Content:** This section helps explain the next steps needed to keep Plus benefits or to POWER Up to Plus during a conditionally eligible span.
5. **Remittance:** This section should be completed and sent with all mailed payments. Please remember to include your Member ID on all payment forms as well.
6. **Mailing Address:** All payments should be sent to: Managed Health Services; Mailstop 16253487, PO Box 660160, Dallas TX 75266-0160
7. **Tiered PAC Table:** This section shows the tiered PAC table with tobacco surcharge amounts which go into place in 2019.
8. **Payment:** This describes the next steps you need to take regarding payment and what to expect.
9. **Non-Payment:** Provides you with the non-payment penalties, including benefit reduction and potential coverage termination.
10. **Payment Options:** Provides the different ways to pay your monthly PAC amount.