



**Hoosier
Healthwise**

**Support & Services
for Pregnant Women,
Babies, Children & Teens**

**Style Guide
2020**



Hoosier Healthwise Logo

The primary Hoosier Healthwise logo is four-color and includes the owl image and program name. This is to be used whenever possible (example: business cards, legal documents). The secondary logo is similar and includes the addition of a support statement that easily conveys what Hoosier Healthwise does, and is only to be used when necessary (example: the cover of a brochure).

The logo must be surrounded by a designated amount of clear space on all sides, called the safe area. Below is a diagram showing the safe area boundary for the logo. DO NOT crowd the logo's white space. No text can be placed within that area. Use the height and width of the H from the logo as a measurement to determine the minimum size of white space to allow on all sides.



Four-Color Logo (Primary)



Four-Color Logo with Support Statement (Secondary)



Safe area around logo.



Logo Guidelines

The primary, four-color Hoosier Healthwise logo is preferred for all use and to be utilized as much as possible. If the four-color logo cannot be used, then the two-color, one-color, black & white and reversed logos are recommended. The one-color logo may only be used in the defined primary color palette. You may use

the reversed logo on the primary color palette. Logo can also be reversed out on a photo, but is not recommended.

Regardless of whichever version you are using, please use it correctly (see incorrect usages below).

Other Logo Versions



Two-Color Logo



One-Color Logo



Black & White Logo



Reversed Logo

Incorrect Usage ❌



Do not stretch logo.



Do not change color values or rotate logo.



Do not use other colors.



Do not alter size of elements.



Do not use incorrect logo on incorrect brand colors.


















Color Guidelines

The primary colors for Hoosier Healthwise are dark purple and purple. Primary colors are the dominant colors in the palette. They're used to construct the logo and word mark and may also cover large surface areas. These should be the first choices when selecting colors. Light purple, orange and light orange are

secondary colors that should be used sparingly as accent colors. Possible uses include design elements or colors for charts or graphs.

Always refer to these PMS, CMYK, RGB and Hex codes to ensure you are using the correct color.

				
Dark Purple	PMS 525	C=41 M=74 Y=0 K=61	R=80 G=40 B=85	Hex #502855
				
Purple	PMS 2583	C=41 M=74 Y=0 K=0	R=158 G=95 B=166	Hex #9E5fA6
				
Light Purple	PMS 7437	C=18 M=33 Y=2 K=0	R=204 G=174 B=206	Hex #CCAECE
				
Orange	PMS 165	C=0 M=74 Y=98 K=0	R=242 G=103 B=36	Hex #F26724
				
Light Orange	PMS 1495	C=0 M=59 Y=99 K=0	R=247 G=142 B=32	Hex #F78E20



Font Guidelines

The primary font for Hoosier Healthwise is the Gotham family. Gotham Book and Gotham Book Italic should be used for general copy and long-form pieces. Gotham Bold, Gotham Bold Italic,

Gotham Black and Gotham Black Italic should be used for headlines and subheads as needed. If the Gotham font is not available, please use the secondary font family Effra.

Primary Font

Gotham Book

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789

Gotham Book Italic

*ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789*

Gotham Bold

**ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789**

Gotham Bold Italic

***ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789***

Gotham Black

**ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789**

Gotham Black Italic

***ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789***

Secondary Font

Effra Medium

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789

Effra Medium Italic

*ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789*

Effra Bold

**ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789**

Effra Bold Italic

***ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789***

Effra Heavy

**ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789**

Effra Heavy Italic

***ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789***

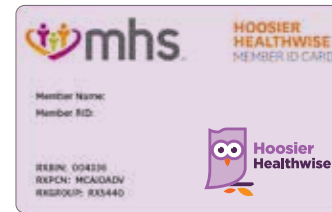


Logo Applications




Examples of proper use of the Hoosier Healthwise logos.



Brochure Sample



Card Sample

  		
IHCP MCE PRACTITIONER ENROLLMENT FORM		
This form is used to enroll participating practitioners with any of the Indiana Health Coverage Programs (IHCP) managed care entity (MCE)		
Please select the programs for which this form applies:		
<input type="checkbox"/> Healthy Indiana Plan (HIP) <input type="checkbox"/> Hoosier Healthwise <input type="checkbox"/> Hoosier Care Connect Please indicate if this is a new enrollment or an enrollment update: <input type="checkbox"/> New enrollment <input type="checkbox"/> Update (fill out updated information ONLY) If an update, please explain what is being updated:		
PRACTITIONER DATA		
CAQH Number		
Practitioner First Name	MI	Last Name
Degree (check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DPM <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> CNM <input type="checkbox"/> Other		
SSN	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
NPI	Taxonomies (list all)	
DEA #	CSR #	
License Number & State	UPIN	LPI (Medicaid) Number
Enrolling as: <input type="checkbox"/> PMP with Panel <input type="checkbox"/> Physician Specialist <input type="checkbox"/> NP Supporting a PMP <input type="checkbox"/> Behavioral Health <input type="checkbox"/> NP Supporting a Specialty <input type="checkbox"/> Certified Mid-Wife <input type="checkbox"/> Prenatal Care Coordinator <input type="checkbox"/> Other		
Primary Specialty	Secondary Specialty	NP - Specialty-Supported
Are you: <input type="checkbox"/> A Locum Tenent? <input type="checkbox"/> Hospital-Based Physician? <input type="checkbox"/> Hospitalist?		
The National Committee for Quality Assurance (NCQA) requires that health plans assess the cultural, ethnic, racial, and linguistic needs of members of the practitioners in the network. Please provide the following information:		
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (please specify)		
Practitioner Email	Fax	Phone
Maximum membership (panel size) accepted (PMPs only): Hoosier Healthwise HIP Hoosier Care Connect		
Scope of Practice (OB/GYN PMPs only)		
All Women (OB/GYN) <input type="radio"/> Yes <input type="radio"/> No (Note: All Women indicates services exclusive to pregnant and nonpregnant members; Family Practitioners cannot select this category.)		
OB Only (OB/GYN) <input type="radio"/> Yes <input type="radio"/> No		
OB (Family Practitioners) <input type="radio"/> Yes <input type="radio"/> No		
Age Restrictions (PMPs only) – Check one		
<input type="checkbox"/> None – Internal Medicine & OB/GYN Practitioners cannot select this category; only Family Practitioners and General Practitioners can select this category		
<input type="checkbox"/> 0 – 2 years – Internal Medicine & OB/GYN Practitioners cannot select this category		
<input type="checkbox"/> 0 – 12 years – Internal Medicine & OB/GYN Practitioners cannot select this category		
<input type="checkbox"/> 0 – 17 years – Internal Medicine & OB/GYN Practitioners cannot select this category		
<input type="checkbox"/> 0 – 20 years – Internal Medicine & OB/GYN Practitioners cannot select this category		
<input type="checkbox"/> 3+ years – Internal Medicine & OB/GYN Practitioners cannot select this category		
<input type="checkbox"/> 13+ years	<input type="checkbox"/> 13 – 17 years	<input type="checkbox"/> 15 – 20 years
<input type="checkbox"/> 17+ years	<input type="checkbox"/> 21+ years	<input type="checkbox"/> 65+ years

Form Sample

