

Pharmacy Co-Pay
LETTER FROM MEDICAID MANAGED CARE PLAN TO MEMBERS



<Date>

<Barcode><Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Dear <MMC Member>:

This is an important notice about your Medicaid managed care plan pharmacy co-payment (co-pay). Please read it carefully. If you have any questions, please call us at 1-800-556-0689, TTY 711.

Right now, the most you have to pay for pharmacy co-pays is \$200 per calendar year. Starting **April 1, 2020**, due to a change in federal rules, your maximum pharmacy co-pay will be \$50 per quarter year. The co-pay maximum re-sets each quarter, regardless of the amount you paid last quarter.

This change means, starting April 1, 2020, the most you will have to pay for pharmacy co-pays is \$50 every three months. The quarters are:

- First quarter: January 1 – March 31
- Second quarter: April 1 – June 30
- Third quarter: July 1 – September 30
- Fourth quarter: October 1 – December 31

If you transferred plans during the calendar year, keep your receipts as proof of your co-pays, or you may request proof of paid co-pays from your pharmacy. You will need to give a copy to your new plan.

If you are unable to pay the requested co-pay you should tell the provider. The provider cannot refuse to give you services or goods because you are unable to pay the co-pay. However, unpaid co-pays are a debt you owe the provider.

We have updated your member handbook to reflect this change in your maximum co-pay. This update is available on our website at: www.amidacareny.org.

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Amida Care is here for you

Please call member services at 1-800-556-0689, TTY 711 if you:

- have any questions about this information;
- cannot access the internet to view this update; or
- want to have this update mailed to you.

Sincerely,

Amida Care
Member Services Department

Attachments:
Notice of Non-Discrimination
Language Taglines