

1. **Medicaid copayments went up on Aug. 1, 2005.** For brand name drugs, the copay increased from \$2 to **\$3**. For generic drugs, the copay increased from 50 cents to **\$ One Dollar**. The annual limit on copayments is now \$200 instead of \$100. An information sheet with all the rules on copayments is posted at [http://www.wnyc.net/pb/docs/Copayments\\_2005.pdf](http://www.wnyc.net/pb/docs/Copayments_2005.pdf) . As before, a pharmacist or other medical provider may ask for the copayment, but may not refuse to provide the prescription or other service if the Medicaid recipient states s/he is unable to pay.

- NOTE FOR Medicaid recipients who also have Medicare (dual eligibles) - When the Medicare drug law begins on Jan. 1, 2006, pharmacies do not have to waive copays for Medicare Part D. Copays for those on Medicaid, who receive the "Extra Help" subsidy, will range from \$1 to \$5. The pharmacy MAY waive these copays upon request as long as they do NOT advertise that they will do so. But they don't have to. For Part D clients, the key will be finding a "nice" pharmacist.

2. **Family Health Plus** - There are bad changes in Family Health Plus, the program for people under age 65 who do not have Medicare, and who are either not eligible for Medicaid at all or would have a spend-down.

**A. Asset limits** -- For the first time, effective August 1, 2005, there are asset limits for this program. These limits apply to new applications signed and filed after AUGUST 1, 2005, and to recertifications on existing cases where the re-authorization will be effective beginning on or after August 1, 2005. These limits are higher than Medicaid but still will disqualify many people.

**Maximum Annual Gross Income and Asset Limits (8/1/05)**

<b>Family Size</b>	<b>Yearly Income</b>	<b>Monthly Income</b>	<b>Weekly Income</b>	<b>Resource Level</b>
<b>Single Adult</b>	\$9,570	\$ 798	\$184	<b>\$12,000</b>
<b>Couples with No Children</b>	\$12,830	\$ 1,069	\$247	<b>\$17,550</b>

**Parents/Guardians Living with at Least 1 Child Under 21**

Family Size 2	\$19,245	\$1,604	\$370	\$17,550
Family Size 3	\$24,135	\$2,011	\$464	\$17,700
Family Size 4	\$29,025	\$2,419	\$558	\$17,850
Family Size 5	\$33,915	\$2,826	\$652	\$18,000
Family Size 6	\$38,805	\$3,234	\$746	\$20,400
Family Size 7	\$43,695	\$3,641	\$840	\$22,950

**For each additional person add:**      **+\$ 4,890**    **+\$ 408**    **+\$ 94**    **+\$2,550**

These limits along with other info on Family Health Plus is posted at [http://www.health.state.ny.us/nysdoh/fhplus/who\\_can\\_join.htm](http://www.health.state.ny.us/nysdoh/fhplus/who_can_join.htm)

**B. Copayments** -- Also for the first time, FHP enrollees must pay copayments as of Sept. 1, 2005. As in Medicaid, providers may not refuse services to FHP enrollees who are unable to

pay, but may bill the consumer for the copayment. The letter that the State Dept. of Health is sending to FHP consumers states,

*"Family Health Plus members who cannot afford the co-payment may not be denied a service based on their inability to pay. Your provider cannot refuse to give you care or services because you are unable to pay. (However, you will still owe the unpaid co-pay amounts to the provider and the provider may ask you for payment later or send you a bill.)"*

The copayment amounts are:

- Hospital care (\$25 per stay)
- Non-urgent ER visits (\$3 per visit)
- Clinic visits (\$3 per visit)
- Covered medical supplies (\$1 per)
- Lab tests (\$.50 per test)
- Radiology Services (\$1 per service)
- Brand name RX (\$6)
- Generic RX (\$3)
- Covered over the counter RX (\$.50)
- Clinic visits (\$5)
- Physician visits (\$5)
- Dental visits (\$5 per visit, capped at \$25 per annum)

**EXCEPTIONS** -- There are NO copayments for these services: emergency services; family planning services and supplies, mental health clinic visits, chemical dependence clinic visits, psychotropic drugs, TB drugs, prescription drugs for DOH-licensed adult care facility residents.

**THESE FHP CONSUMERS DO NOT HAVE TO PAY COPAYMENTS** - Those under 21; pregnant; nursing home residents; OMH and OMRDD facility residents

**C. CHANGE IN VISION BENEFIT** -- Effective Sept. 1, 2005, the vision benefit will include in any 24-month period:

- ONE eye exam
- ONE pair of prescription eyeglass lenses and frame OR contact lenses is medically necessary
- ONE pair of medically necessary occupational eyeglasses.
- Replacement of lost, damaged, or destroyed eyeglasses is no longer covered.

**D. Stricter rules for who is eligible for Family Health Plus** -- For applications/ renewals filed after 9/1/05, anyone who is a government employee, or whose spouse is a government employee, is not eligible for Family Health Plus.

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