



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

Dear Family Health Plus Member:

**A NEW STATE LAW HAS CHANGED FAMILY HEALTH PLUS ELIGIBILITY AND BENEFITS. IT IS IMPORTANT TO READ THIS LETTER TO UNDERSTAND HOW THE CHANGES MAY AFFECT YOU.**

Starting [September 1, 2005], Family Health Plus members will be required to make co-payments for certain health and medical services. The Family Health Plus vision benefit will also change.

**CO-PAYMENTS**

Beginning [September 1, 2005], most Family Health Plus members will be responsible for making co-payments to their providers for the following covered Family Health Plus benefits:

- |                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| • Brand Name Prescription Drugs                                                                             | \$6 for each prescription and each refill    |
| • Generic Prescription Drugs                                                                                | \$3 for each prescription and each refill    |
| • Clinic visits                                                                                             | \$5 per visit                                |
| • Physician visits                                                                                          | \$5 per visit                                |
| • Dental Service visits                                                                                     | \$5 per visit up to a total of \$25 per year |
| • Lab tests                                                                                                 | \$0.50 per test                              |
| • Radiology Services (like diagnostic x-rays, ultrasound, nuclear medicine, and oncology services)          | \$1 per radiology service                    |
| • Inpatient hospital stay                                                                                   | \$25 per stay                                |
| • Non-urgent emergency room visit                                                                           | \$3 per visit                                |
| • Covered over-the-counter drugs (e.g., smoking cessation products, insulin)                                | \$0.50 per medication                        |
| • Covered medical supplies (e.g. diabetic supplies such as syringes, lancets, test strips, enteral formula) | \$1 per supply                               |

Co-payments will not be applied to the following services:

- Emergency services
- Family planning services and supplies
- Mental health clinics
- Chemical dependence clinics
- Psychotropic drugs
- Tuberculosis drugs
- Prescription drugs for a resident of an Adult Care Facility licensed by the State Department of Health

You do not have to pay the co-payments if you are:

- Under age 21
- Pregnant
- A permanent resident of a nursing home
- A resident of community based residential facility licensed by the Office of Mental Health or the Office of Mental Retardation and Developmental Disability
- Not able to pay the co-payment at any time and you tell the provider that you are unable to pay.

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.)

### **VISION BENEFIT**

Also as of [September 1, 2005], the Family Health Plus vision benefit will change to include in any twenty-four month period: 1) one eye exam; 2) either one pair of prescription eyeglass lenses and a frame, or prescription contact lenses where medically necessary; and 3) one pair of medically necessary occupational eyeglasses. Replacement of lost, damaged or destroyed eyeglasses is no longer a covered benefit. Contact your health plan with any questions about this benefit change.

### **IMPORTANT CHANGE AFFECTING EMPLOYEES OF FEDERAL, STATE, OR COUNTY GOVERNMENTS, MUNICIPALITIES AND SCHOOL DISTRICTS**

If you are eligible for employer-sponsored health benefits through your own or a family member's employment with the Federal, State, or County government, a municipality or a school district, your Family Health Plus benefits will stop at the end of your benefit year. A change in State Law provides that individuals who have access to health care coverage through such employers are no longer eligible to enroll in Family Health Plus. Your coverage will terminate upon your next annual renewal date occurring after [September 1, 2005]. You will receive another notice before your Family Health Plus is terminated. You may wish to contact your employer to find out about enrolling in their plan, to avoid a gap in your health care coverage.

For more information about these changes to your Family Health Plus benefits and applicable co-payments, call the Medicaid Helpline at 1-877-873-7283 between 8:30 am and 5:00 pm, or your Family Health Plus plan.

If you wish, you can have a meeting (conference) to talk about this action, or you can ask for a "State Fair Hearing." To learn how to do this, please read the sheet that says "RIGHT TO A CONFERENCE OR FAIR HEARING."

Sincerely,

Kathryn Kuhmerker  
Deputy Commissioner  
Office of Medicaid Management