

## AHCCCS Co-payments for MED and AHCCCS Care Members Beginning November 1, 2010

Co-payments for AHCCCS members will change starting on October 1, 2010. Inside the Member handbook you can read about the changes for AHCCCS members who are NOT eligible for MED or AHCCCS Care.

Because there is a lawsuit about co-payments for members in MED and AHCCCS Care, co-payments for these members may be different, and they can change during the next year. You can find out what co-payments you have by calling your health plan member services representative at (602) 824-3700 or (800) 747-7997 or by going to [myahcccs.com](http://myahcccs.com). You can also ask your provider to look up your eligibility to tell you what co-payments you have. The health plan website at [www.phoenixhealthplan.com](http://www.phoenixhealthplan.com) also has information about co-payments.

This stuffer tells you about the co-payments for members in the **MED** and **AHCCCS** Care programs. If you are in MED or AHCCCS Care, these co-payments start November 1, 2010.

Members in the MED Program are people with high medical expenses who are not eligible for any other AHCCCS Program because of their income.

Members in AHCCCS Care are adults who:

- Do not have an eligible deprived child living with them (see Arizona Administrative Code R9-22-1427),
- are not pregnant,
- are not aged 65 or over, or
- are not disabled.

Members in MED and AHCCCS Care are asked to pay higher co-payments for some of the AHCCCS medical services they receive. Members in MED and AHCCCS Care are required to pay the co-pays. This means that members need to pay these co-payments in order to get services. Pharmacists and medical providers **can refuse** services if the co-pay is not paid.

There are some MED and AHCCCS Care **members** who are **never** asked for co-payments. There are also some **services** that **never** have co-payments.

**The following persons in MED and AHCCCS Care are never asked to pay co-payments:**

- Children under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services

- Individuals up through age 20 eligible to receive services from the Children's Rehabilitative Services program
- People who are in nursing homes, residential facilities such as an Assisted Living Home or who receive Home and Community Based Services such as attendant care or a visiting nurse
- People who receive hospice care

**Also, co-payments are never charged for the following services:**

- Hospitalizations
- Emergency services
- Family Planning services and supplies
- Pregnancy related health care including tobacco cessation treatment for pregnant women
- Services paid on a fee-for-service basis

**Beginning November 1 2010, members in MED and AHCCCS Care have the following required co-payments:**

<b>Co-payment Amounts for Persons in MED and AHCCCS Care</b>	
<b>SERVICE</b>	<b>Co-payment</b>
Generic Prescriptions and Brand Name Prescriptions when there is no generic	\$4.00
Brand Name Prescriptions when there is a generic that can be used	\$10.00
Non-emergency use of an emergency room	\$30.00
Doctor office visits	\$5.00

Pharmacists and Medical Providers **CAN REFUSE** services if the co-payments are not made.

If you don't think you belong in the MED or AHCCCS Care program or if your circumstances have changed, contact your eligibility office to ask them to review your eligibility.

**IMPORTANT: Remember that the co-pays for people in the MED and AHCCCS Care programs may change because of a lawsuit. The co-pays that are listed above start November 1, 2010. If the co-pays change, we will tell you so.**