

NewYork-Presbyterian Community Health Plan

PROVIDER ALERT

-- August 2005-01

NewYork-Presbyterian Community Health Plan Family Health Plus Benefit Changes

As a Family Health Plus (FHPlus) practitioner with the NewYork-Presbyterian Community Health Plan (NYPCHP), we would like to take the opportunity to update you on the FHPlus benefit changes required by state law effective, **September 1, 2005**.

NYPCHP FHPlus members will be notified of their responsibility to pay co-payments for most covered health and medical services. The co-payment schedule is as follows:

CO-PAYMENTS

Most FHPlus members will be responsible for making co-payments to their providers for the following covered FHPlus benefits:

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| • Brand Name Prescription Drugs | \$6 for each prescription and refill |
| • Generic Prescription Drugs | \$3 for each prescription and 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 stays | \$25 per stay |
| • Non-urgent emergency room visit | \$3 per visit |
| • Covered over-the-counter medications (like stop smoking patches and gum, and insulin) | \$0.50 per medication |
| • Covered medical supplies (like hearing aid batteries, enteral formula, and diabetes test strips, lancets and syringes) | \$1 per supply |

| Co-payments will not apply to the following services: | Co-payments will not apply for the following members: |
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| <ul style="list-style-type: none"> • Emergency services • Family planning services and supplies • Mental health clinics • Chemical dependence clinics • Mental illness drugs • Tuberculosis drugs • Prescription drugs for a resident of an Adult Care Facility | <ul style="list-style-type: none"> • Under age 21 • Pregnant (through the 60 day post-partum period) • 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 • Residents of adult care facilities licensed by the DOH are exempt from pharmacy co-pays only • Not able to pay the co-payment at any time and the member tells you that they 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. Providers cannot refuse care or services because a member is unable to pay at the time of service. Providers may however, ask members for payment later or send a bill for any unpaid co-pay amounts owed to the provider.

VISION BENEFIT

Also the Family Health Plus vision benefit will change to include emergency vision care and the following preventive and routine vision care provided once in any twenty four (24) 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. Occupational eyeglasses are special glasses that help members perform their job duties.

Replacement of lost, damaged or destroyed eyeglasses is no longer a covered benefit.

If you have any questions or would like additional information regarding the FHPlus benefit changes you may call your Provider Representative or call Provider Services at 212-297-5510.