



Important Information about Your Medical Assistance Benefits

Please read both sides of this notice carefully.

The Department of Public Welfare is making changes to your Medical Assistance Benefits.

Changes take effect August 29, 2005

If you are in a managed care plan, these changes do not apply to you. Your Managed Care Organization will send another notice if your benefits change.

NEW SERVICE LIMITS These limits do not apply if you are under age 21 or if you are pregnant. These limits do not apply to your services covered by Medicare.

- You are eligible for up to **18 Outpatient Visits each year**. (These are visits to a doctor, hospital outpatient facility, podiatrist, chiropractor, optometrist, certified registered nurse practitioner, outpatient medical clinic, Federally Qualified Health Center, or a Rural Health Center.) You will get vouchers in the mail for the 18 visits.
- You are eligible for **1 Inpatient Medical Rehabilitation Hospital stay** each year.
- You are eligible for up to **30 days of Inpatient Psychiatric Hospital Services** each year.
- You are eligible for up to **540 hours of Psychiatric Partial Hospitalization Services** each year.
- You are eligible for up to **5 hours or 10 one-half hour sessions of Psychiatric Outpatient Clinic Services** (individual, group, family, and collateral psychotherapy) every 30 days.

The yearly limits on your medical care refer to services you get between August 29, 2005 and June 30, 2006. The yearly limits will start again on July 1 of every year.

NEW COPAYMENTS These changes do not apply if you are under age 18, pregnant, or in a nursing home.

- For Brand Name Prescription Drugs, you will pay \$3 for each new prescription or refill, if you have this benefit now.
 - For Generic Prescription Drugs, you will pay \$1 for each new prescription or refill, if you have this benefit now.
- You cannot be denied a prescription drug if you cannot pay. Tell your provider if you cannot afford to pay.

If you have questions about the changes listed above, please contact the

Medical Assistance Call Center at 1-866-542-3015. (TDD/TTY 1-877-202-3021)
(For translation, call 1-866-542-3015)

See the reverse side for information about exceptions to the service limits and your right to appeal and to have a fair hearing.

Exceptions

You or your provider can ask the Department to approve services above these limits for you. This is called an exception. The Department will send you and your provider instructions on how to ask for an exception.

An exception to the limit can be granted if:

- You have a serious chronic illness or other serious health condition and without the additional service your life would be in danger; or
- You have a serious chronic illness or other serious health condition and without the additional service your health will get much worse; or
- You would need more costly services if the exception is not granted; or
- You would have to go into a nursing home or institution if the exception is not granted.



Your Right to Appeal and to a Fair Hearing

Because these changes are caused by changes in state law, you cannot appeal the changes. Once the limits go into effect, you can file an appeal if a service is denied and you think you have not reached the limit. You can file an appeal if you or your doctor asks for an exception and the exception is denied.

If you want to talk to a lawyer about these changes, call:

- The Pennsylvania Health Law Project at 800-274-3258.
- Pennsylvania Legal Services at 800-322-7572
- In Philadelphia, call Community Legal Services at 215-227-6485.
- In Pittsburgh, call Neighborhood Legal Services at 866-761-6572.

These changes are authorized by 62 P.S. §§ 403(b), 443.1(4), 443.3 and 454 as amended or added by Act 2005-42.



Edward G. Rendell
Governor

Estelle B. Richman
Secretary

www.dpw.state.pa.us