



NOW YOU CAN AFFORD PEACE OF MIND

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April 2, 2012

**PROGRAM CHANGE - CO-PAYMENT
FAMILY ACCOUNT NUMBER:**

Dear:

This letter is to let you know about a change coming to the PeachCare for Kids® program.

Beginning April 1, 2012, you will have a co-payment for some medical services in the PeachCare program, if your child is 6 years of age and older.

A co-payment is a small fee you will have to pay at the time of your visit to a medical provider. The amount of the co-payment will be different depending on the medical services you receive. While these co-payment amounts can range from \$0.50 to \$12.50, most will be \$2.00 or \$3.00. If you have to make a co-payment, your medical provider will tell you at the time of your visit. (A chart of co-payments is included in the second page of this letter.)

However, there are **no co-payments** for these services:

- Emergency services
- Preventive Care Services (routine check-ups for your child)
- Immunizations
- Routine preventive and diagnostic dental services (such as oral examinations, prophylaxis and topical fluoride applications, sealants, and x-rays).

You are not required to pay more than 5% of your yearly income for premiums and co-payments. If your family reaches the 5% limit, you will not be required to make co-payment and premium payments for the rest of the year. Because of this, you must tell us (the PeachCare for Kids® Program) about any changes to your family income. The year will start over each time your case is renewed. Also, co-payments are not required for foster children or children who are American Indians or Alaska Natives.

If you have questions, call 1-877 GA PEACH (427-3224). The call is free. Thank you.

Sincerely,

PEACHCARE FOR KIDS®

**New Co-Payments for PeachCare for Kids® Members
(Effective April 1, 2012)**

Type of Service	Co-Payment Amount
Ambulatory Surgical Centers / Birthing	\$3.00
Durable Medical Equipment	\$1.00 or \$3.00 (service based)
Federally Qualified Health Centers	\$2.00
Free Standing Rural Health Clinic	\$2.00
Home Health Services	\$3.00
Hospital-based Rural Health Center	\$2.00
Inpatient Hospital Services	\$12.50
Oral Maxillofacial Surgery	Co-pay amount based on cost of service* <i>See chart below.</i>
Orthotics and Prosthetics	\$3.00
Outpatient Hospital Services	\$3.00
Pharmacy - Preferred Drugs	\$0.50
Pharmacy - Non-Preferred Drugs	Co-pay amount based on cost of service* <i>See chart below.</i>
Physician Services	Co-pay amount based on cost of service* <i>See chart below.</i>
Podiatry	Co-pay amount based on cost of service* <i>See chart below.</i>
Vision Care	Co-pay amount based on cost of service* <i>See chart below.</i>

***The co-payment amounts below are for the following services:** Oral Maxillofacial Surgery, Pharmacy - Non-Preferred Drugs, Physician Assistant Services, Physician Services (Doctor's office visits), Podiatry and Vision Care.

Cost of Service Co-Payments*	
Cost of Service	Co-Payment Amount
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00