



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Office of Medicaid Policy and Planning**  
MS 07, 402 W. WASHINGTON STREET, ROOM W382  
INDIANAPOLIS, IN 46204-2739

December 22, 2009

Dear Member,

This letter is to inform you about a change in the pharmacy programs for the Healthy Indiana Plan (HIP) and the Hoosier Healthwise program. Today, your pharmacy submits your prescriptions to your health plan. As of December 31, 2009, your pharmacy will submit your prescriptions to the State of Indiana.

### **What does this mean for me?**

#### **Hoosier Healthwise members who don't pay a monthly premium (Package A and B members):**

As of January 1, 2010, you may have to pay \$3 for each of your medications. This amount is called a co-pay. There are times in which you do **not** have a co-pay such as:

- Services for members under the age of 18
- Services related to a pregnancy
- Services related to family planning (birth control and preventive supplies)
- Services while in an emergency room
- Services while in a hospital

#### **Hoosier Healthwise members who pay a monthly premium (Package C members):**

As of January 1, 2010, your co-pays will be \$3 for each generic medication and \$10 for each brand medication.

#### **HIP members:**

As in the past, you will **not** have a co-pay for your medications. You will receive a new ID card to replace your current card.

### **What is not changing?**

You may continue to use the same pharmacy as you do now. This change will not affect your medical benefit. You may search for participating providers at [www.indianamedicaid.com](http://www.indianamedicaid.com) under Provider Services and then Provider Search.

### **What if I have questions?**

If you have questions about this change please contact the Indiana Health Coverage Programs (IHCP) Members Hotline at 1-800-457-4584 or (317) 713-9627. The Indiana Medicaid Pharmacy Benefit Member Handbook is available online at [www.indianamedicaid.com](http://www.indianamedicaid.com) under Pharmacy Services or you may call the IHCP Members Hotline to have a copy mailed to you.

Para una copia de esta carta en español, por favor contacte a la Línea de Información Para Miembros de los Programas de Cobertura de Salud de Indiana al 1-800-457-4584, y presione el número "2" para español.

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