

May 2005

FIRST NAME FIELD LAST NAME FIELD
STREET ADDRESS 1
STREET ADDRESS 2
CITY STATE ZIP

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195.
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY)
Arabic: 1-800-642-3195

للحصول على المساعدة لترجمة أو استيعاب ذلك فالرجاء الاتصال برقم

Dear Beneficiary:

Beginning June 1, 2005, you will have to use the mail order pharmacy benefit provided by your private insurance company. Your local pharmacy will not be allowed to fill your prescription(s) if your mail order pharmacy benefit covers your drug(s). Medicaid or Children's Special Health Care Services (CSHCS) will only pay for your drugs that are not covered by your insurance.

If your mail order pharmacy requires a co-pay, Medicaid or Children's Special Health Care Services (CSHCS) will pay your co-pay(s). You will not have to pay the co-pay(s) when you order your drug(s) from your mail order pharmacy.

Enclosed with this letter are three copies of your **mihealth** card and 4D Pharmacy card. You should include one copy of each set of cards with your mail order form(s) when ordering your prescription(s). These two cards tell the mail order pharmacy that you have Medicaid or CSHCS.

To use your mail order pharmacy, you will need to do the following:

- (1) Contact your mail order pharmacy to see what drugs they provide.
- (2) Contact your mail order pharmacy if you need forms to order your drug(s).
- (3) Ask your doctor to write a new prescription for each drug to send in with your mail order pharmacy form.
- (4) Complete the mail order pharmacy form and attach one copy of your **mihealth** card and 4D Pharmacy card to the form, along with the written prescription(s) from your doctor.
- (5) Keep the extra copies of your **mihealth** card and 4D Pharmacy card to use with future orders. You may make additional copies for future use.

If you need additional copies of the **mihealth** card and 4D Pharmacy card, if you no longer have private insurance, or if you have any questions about this letter, please call the Beneficiary Helpline toll-free at 1-800-642-3195.

Sincerely,



Paul Reinhart, Director
Medical Services Administration

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