



DATE LETTER GENERATED

HEAD OF HOUSEHOLD
555 ADDRESS ST. APT. 55
DENVER, CO 80555

Information About Your Co-Pays THIS IS NOT A BILL

Dear HEAD OF HOUSEHOLD:

As a member of Health First Colorado (Colorado's Medicaid Program), there is a limit on the co-pays you can be charged each month. A co-pay is a fixed amount you pay to your provider when you get a covered care, service or item.

For CURRENT MONTH CALENDAR YEAR the limit on co-pays you can be charged is CASE COPAY MAX. Our records show you have reached this limit.

Starting DATE LETTER GENERATED, you and your household members listed below will not have to pay co-pays for the remainder of CURRENT MONTH CALENDAR YEAR.

BULLETED LIST OF MEMBERS IN CASE HOUSEHOLD

Next month you will be charged co-pays until you reach your co-pay limit for that month.

This letter is for informational purposes only. You do not need to take action.

For more information about this letter, or for general information about co-pays, please visit HealthFirstColorado.com/copay or contact us:

Health First Colorado Member Contact Center
1-800-221-3943 / State Relay 711 for callers with speech or hearing disabilities
Monday – Friday, 7:30 a.m. – 5:15 p.m.

The Health First Colorado Member Contact Center can answer questions about **pharmacy co-pays** you have already paid. **For questions about non-pharmacy**

Colorado Department of Health Care Policy and Financing
1570 Grant Street | Denver, CO | 80203-1818 | (800) 221-3943
HealthFirstColorado.com

co-pays you have already paid to your provider, please contact your provider directly.

Sincerely,

Health First Colorado

Frequently Asked Questions

Where can I find more information on co-pays?

You can find more information about co-pays in your Health First Colorado Member Handbook or at [HealthFirstColorado.com/copay](https://www.healthfirstcolorado.com/copay).

My provider told me I must pay a co-pay after **DATE LETTER GENERATED**, what should I do?

If your provider asks for a co-pay during the month of **CURRENT MONTH CALENDAR YEAR**, for a date after **DATE LETTER GENERATED**, you do not need to pay it. Please inform your provider you are not required to pay a co-pay for the remainder of **CURRENT MONTH CALENDAR YEAR**.

I paid a co-pay to my provider after **DATE LETTER GENERATED**, how do I get a refund?

You must ask the provider who charged you the co-pay for a refund for any co-pays you paid after **DATE LETTER GENERATED** during the month of **CURRENT MONTH CALENDAR YEAR**.

How is my monthly co-pay limit amount determined?

Your household's monthly co-pay limit is equal to 5% of your household's monthly income.

For example, a household with a monthly income of \$900 would pay no more than \$45 in co-pays for that month.

1. Each month Health First Colorado looks at your household monthly income record and multiplies it by 0.05 to determine your maximum monthly co-pay amount.
2. We track the co-pays you are charged based on billing records received from your provider.

3. Once you reach your maximum monthly co-pay amount, we will send you a letter letting you know you will not owe co-pays for the rest of that month.

Your monthly household income is based on what you self-report to us. Use the PEAK*Health* mobile app, visit CO.gov/PEAK or contact your local County Department of Human or Social Services to update your household income. Your monthly co-pay limit may change if your household income changes.

Nondiscrimination Notice

The Colorado Department of Health Care Policy and Financing (Department) does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, or disability in any of its programs, services, or activities.

The Department provides auxiliary aids and services to individuals with disabilities, and language services, to individuals whose first language is not English, when needed to ensure equal opportunity and meaningful access to the Department's programs, services, and activities. Examples of aids and services include, but are not limited to, qualified sign language interpreters, written information in other formats, foreign language interpreters, and information translated into other languages. The Department will provide aids and services in a timely manner and free of charge.

For further information about this policy, to request free disability and/or language aids and services, or to file a discrimination complaint, please contact:
504/ADA Coordinator, 1570 Grant St, Denver, CO 80203,
Phone: 303-866-6010, Fax: 303-866-2828, State Relay: 711
E-mail: hcpf504ada@state.co.us.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail, phone, or fax at 1961 Stout Street Room 08-148, Denver, CO 80294, Telephone: 1-800-368-1019, Fax: 1-202-619-3818, TDD: 1-800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

For more information, please visit our website at <https://www.colorado.gov/hcpf/nondiscrimination-policy> or <https://www.colorado.gov/hcpf/americans-disabilities-act>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-221-3943 (State Relay: 711).

Information About Your Co-Pays

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-800-221-3943 (State Relay: 711).