



**COLORADO**

**Department of Health Care  
Policy & Financing**

Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

DATE LETTER IS GENERATED

**OAP MEMBER**

**555 ADDRESS ST. APT. 55**

**DENVER, CO 80555**

**RE: Information About Your Old Age Pension Health Care Program Co-Pays**

Dear **[Insert Name]**:

As a member of the Old Age Pension Health Care Program (OAP), there is a limit on the co-pays you can be charged each year. A co-pay is a fixed amount of money that you pay to your service provider when you get a covered care, service or item.

For CURRENT CALENDAR YEAR, the limit on co-pays you can be charged is \$300.00. Our records show that you have reached this limit.

**Therefore, starting DATE LETTER GENERATED, you will not have to pay co-pays for the remainder of CURRENT CALENDAR YEAR.**

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

This letter is for informational purposes only. No action is required. You may present your medical ID card to your provider at the time that you receive service(s) covered under your OAP benefits to show that you have reached your co-pay limit.

For more information about this letter, or for general information about co-pays, please visit [HealthFirstColorado.com/copay](http://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 co-pays you have already paid to your provider, please contact your provider directly.**

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



Sincerely,

The Department of Health Care Policy and Financing

## **Frequently Asked Questions**

**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 **CURRENT 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 **CALENDAR YEAR** and present your medical ID card.

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

You should work directly with the provider who charged you the co-pay for a refund of any co-pay you paid after **DATE LETTER GENERATED** for **CALENDAR YEAR**.

**How is my yearly co-payment limit amount determined?**

The \$300.00 annual co-pay limit is set by the Old Age Pension Health Care Program Rule 8.941.10.

## **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:

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## Addressee

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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](mailto: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).

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).

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