

## Provider Bulletin

Subject:	Benefit Changes - Copayments		
Plan:	Coordinated Care Option 1	Bulletin Date:	March 19, 2015
Bulletin Number:	15-002	Effective Date:	April 1, 2015

The purpose of this bulletin is to inform all participating providers that updates have been made to the Coordinated Care Option 1 Benefits in regards to copayments.

Effective April 1, 2015, the Health Care District's Coordinated Care Option 1 plan will no longer require the following copayments.

- \$2 Primary Care Provider Visits
- \$10 Specialist Provider Visits
- \$25 Emergency Room Visits

The copay amounts will not be deducted from the provider's reimbursement for dates of services April 1, 2015 and after. The above copayments should **not** be collected from members within the Option 1 plan.

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

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Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.