

Plan Letterhead - Template

<Date>

<Barcode><Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Dear <MMC Member>:

RE: REVERSAL OF NOTICE REGARDING PLANNED CHANGES TO YOUR
MEDICAID PHARMACY BENEFITS MAY 1, 2021

This is an important notice about your Medicaid managed care (MMC) plan benefits. Please read it carefully. If you have any questions, please call us at <MCP Member Services Number>.

You may have recently received a notice telling you that the way you get your pharmacy benefits was changing. New York State has decided that this change will no longer be happening. On May 1, 2021, you will continue to get your pharmacy benefits from <Plan Name>.

<Plan Name> will be continuing to provide this benefit to you. The way that your pharmacy benefits are described in your current handbook is correct and does not need to be changed.

<<OPTIONAL SECTION – USE UNDERLINED SECTION BELOW IF MEMBERS RECEIVED ANY OTHER CARVE-OUT NOTICES>>

<Plan Name> is here for you

If you have questions about your pharmacy benefit, or any other letters you have received from us, please call member services at <MCP Member Service Number>. <add TTY info>.

Sincerely,

[Include Taglines and Non-discrimination statement]