

## **Notice to My Care Family Members**

*Amendment 1 to My Care Family Handbook effective July 1, 2020.*

This document represents a revision to your My Care Family Member Handbook.

### **Section 7- My Care Family's Pharmacy Benefit**

Deletion to these sections:

- Pharmacy Copayment (copay) page 16
- Copayment Exceptions page 16

Refer to Covered Services grid for Pharmacy Copay and Copayment exceptions as of July 1, 2020.

### **Section 9- Your My Care Family Benefits**

Deletion to this section:

- Excluded Services page 22

Refer to the Covered Services grid for Excluded Services information as of July 1, 2020.

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