

Copay Information

| Service Description | Copay Amount |
|---|--------------|
| Inpatient hospital per hospitalization: \$10.00 | \$10.00 |
| Outpatient hospital: \$3.00 | \$3.00 |
| Case Management: \$1.00 | \$1.00 |
| All physician related services: \$1.00 | \$1.00 |
| Nurse midwife or Nurse Practitioner: \$1.00 | \$2.00 |
| Psychologist: \$2.00 | \$2.00 |
| Psychotherapy when provided by psychiatrist or psychologist: \$2.00 | \$2.00 |
| FQHC/Rural Health Clinic: \$2.00 | \$2.00 |
| Independent Clinic/Public Health Clinic: \$.50 | \$0.50 |
| Teaching Institution: \$.50 | \$0.50 |
| Independent Laboratory/Independent X-ray Service: \$1.00 | \$1.00 |
| CRNA: \$.50 | \$0.50 |
| NEMT Per Trip: \$2.00 | \$2.00 |

Dental, Optical, and Podiatry

| Billed amount of claim | FFS Maximum Cost Sharing |
|------------------------|--------------------------|
| \$10.00 or less | \$.50 |
| \$10.01 to \$25.00 | \$ 1.00 |
| \$25.01 to \$50.00 | \$ 2.00 |
| \$50.01 or more | \$ 3.00 |

Exemptions to Copay Requirements

- Recipients under 19 years of age or ME codes 06, 33, 34, 36, 40, 52, 56, 57, 60, 62, 64, 65, 71, 72, 73, 74, 75, 87, 88, and 97;
- Institutionalized recipients residing in a skilled nursing facility, intermediate care, nursing home,
- Services to recipients who have both Medicare and Medicaid if Medicare covers the service and
- Emergency admissions or transfer inpatient admissions
- Emergency services provided in an outpatient clinic or emergency room after the sudden onset of (including severe pain) that the absence of immediate medical attention could reasonably be
 - Placing the patient's health in serious jeopardy;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part;
- Certain therapies - chronic renal dialysis, physical, radiation, and chemotherapy,
- Pregnant women with ME codes: 18, 43, 44, 45, 58, 59, 61, 94, 95, 96, and 98
- Foster children with ME codes: 07, 08, 28, 29, 30, 37, 49, 50, 51, 66, 67, 68, 69, and 70;
- Services identified as medically necessary through an Early Periodic Screening;
- Blind individuals with ME codes: 02, 03, 12 and 15;
- Managed Care enrollees;
- Mental Health services provided by Dept. of Mental Health operated Community Mental Health Centers (CMHC) or designated by DMH as a CMHC, or as an drug treatment facility, or as a child-serving agency within the comprehensive children's mental health service system;
- Family Planning Services;
- Hospice Services;
- Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his physician or an outpatient, rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility.
- NEMT public transit and gas reimbursement modes of transportation;