

**REFERENCE  
OTHER ELIGIBILITY REQUIREMENTS**

**CO-PAYMENT AMOUNTS**

Discussion of co-payment amounts for fee-for-service, managed care and Family Health Plus recipients are found in **OTHER ELIGIBILITY REQUIREMENTS CO-PAY**.

| <b><u>SERVICE</u></b>                                                                                       | <b><u>AMOUNT (\$) for FFS</u></b> | <b><u>AMOUNT for MC</u></b> | <b><u>FHPlus</u></b>                          |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------------------|
| Inpatient Hospital                                                                                          | \$25.00 per stay upon discharge   | No co-payment               | \$25.00 per stay upon discharge               |
| Outpatient Hospital and Clinic                                                                              | \$3.00 per visit                  | No co-payment               | \$5.00 per visit                              |
| Non-emergency/Non-urgent ER                                                                                 | \$3.00 per visit                  | No co-payment               | \$3.00 per visit                              |
| Prescription drugs*<br>Brand name<br>Generic<br>*Effective 7/1/2008                                         | \$3.00/\$1.00*<br>\$1.00          | \$3.00<br>\$1.00            | \$6.00<br>\$3.00                              |
| Over-the-Counter Drugs (OTC) **(per medication)                                                             | \$ .50                            | No co-payment               | \$ .50                                        |
| Enteral/Parental Formulae/Supplies                                                                          | \$1.00 per order/prescription     | No co-payment               | No co-payment                                 |
| Covered Medical/Surgical Supplies ***                                                                       | \$ .50 per order                  | No co-payment               | \$1.00 per supply                             |
| Laboratory                                                                                                  | \$ .50 per procedure code         | No co-payment               | \$ .50 per procedure code                     |
| X-ray ****                                                                                                  | \$1.00 per procedure              | No co-payment               | \$1.00 per procedure                          |
| Dental services                                                                                             | No co-payment                     | No co-payment               | \$5.00 per visit up to total of \$25 per year |
| Physician Services                                                                                          | No co-payment                     | No co-payment               | \$5.00 per visit                              |
| * One co-payment for each new prescription and each new refill                                              |                                   |                             |                                               |
| ** Covered OTC e.g. smoking cessation products, insulin                                                     |                                   |                             |                                               |
| *** Covered medical supplies e.g. diabetic supplies such as syringes, lancets, test strips, enteral formula |                                   |                             |                                               |
| ****Radiology services e.g. diagnostic x-rays, ultrasound, nuclear medicine & oncology services             |                                   |                             |                                               |