

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

CO-PAYMENT AMOUNTS

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

<u>SERVICE</u>	<u>AMOUNT (\$)</u> for FFS	<u>AMOUNT</u> for MC	<u>FHPlus</u>	<u>FPBP</u>
Inpatient Hospital	\$25.00 per stay upon discharge	No co-payment	\$25.00 per stay upon discharge	No co-payment
Outpatient Hospital and Clinic	\$3.00 per visit	No co-payment	\$5.00 per visit	No co-payment
Non-emergency/Non-urgent ER	\$3.00 per visit	No co-payment	\$3.00 per visit	No co-payment
Prescription drugs*				No co-payment
Brand name	\$3.00	\$3.00	\$6.00	
Generic	\$1.00	\$1.00	\$3.00	
Over-the-Counter Drugs (OTC) **(per medication)	\$.50	No co-payment	\$.50	No co-payment
Enteral/Parental Formulae/Supplies	\$1.00 per order/prescription	No co-payment	No co-payment	N/A
Covered Medical/Surgical Supplies ***	\$.50 per order	No co-payment	\$1.00 per supply	No co-payment
Laboratory	\$.50 per procedure code	No co-payment	\$.50 per procedure code	No co-payment
X-ray ****	\$1.00 per procedure	No co-payment	\$1.00 per procedure	No co-payment
Dental services	No co-payment	No co-payment	\$5.00 per visit up to total of \$25 per year	N/A
Physician Services	No co-payment	No co-payment	\$5.00 per visit	No co-payment
Family Planning Service/Supplies	No co-payment	No co-payment	No co-payment	
* 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				