

OTHER ELIGIBILITY REQUIREMENTS

CO-PAY

<u>SERVICE</u>	<u>Fee-For Service</u>	<u>Managed Care</u>	<u>FHP</u>
Inpatient Hospital	YES	NO	YES
Outpatient Hospital and Clinic	YES	NO	YES
Non-emergency/Non-urgent ER	YES	NO	YES
Prescription drugs * (brand name) (generic)	YES	YES	YES
Over-the-Counter Drugs**	YES	YES	YES
Enteral/Parenteral Formulae/Supplies	YES	NO	YES
Covered Medical/Surgical Supplies ***	YES	NO	YES
Laboratory	YES	NO	YES
X-ray ****	YES	NO	YES
Dental services	NO	NO	YES
Physician services	NO	NO	NO

* One co-payment charge for each new prescription and each 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

Recipients exempt from co-payment include the following:

Recipients under the age of twenty-one (21)

Pregnant women (This exemption continues for 2 months after the month in which the pregnancy ends.)

Recipients institutionalized in a medical facility who are required to spend all of their income, except for a personal needs allowance, on medical care. This includes all recipients in nursing facilities and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD).

Recipients enrolled in Medicaid Managed Care Plans (with the exception of pharmacy co-payments and OTC).