

The MCOs shall impose copayments on all Copayment Plan Members. The copayment schedule is as shown in the table below.

Copayments: Beneficiaries who are paying their monthly premiums will not have copayment. Copayment amounts may vary based on the type of service, and range from \$3.00 for an office visit to \$50.00 for a hospital visit. Copayments can be more expensive than the monthly family premiums.

Service or Item	Copayment Amount
Preferred and non-preferred generic drug	\$1.00
Preferred brand name drug that does not have a generic equivalent	\$4.00
Non-preferred brand name drug	\$8.00
Chiropractor	\$3.00
Dental – for Members not enrolled in the Alternative Benefit Plan	\$3.00
Podiatry	\$3.00
Optometry – for Members not enrolled in the Alternative Benefit Plan	\$3.00
General ophthalmological services – for Members not enrolled in the Alternative Benefit Plan	\$3.00
Office visit for care by a physician, physician’s assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, nurse midwife, or any behavioral health professional	\$3.00
Physician service	\$3.00
Visit to a rural health clinic, primary care center, or federally qualified health center	\$3.00
Outpatient hospital service	\$4.00
Emergency room visit for a non-emergency service	\$8.00
All Inpatient hospital admission	\$50.00
Physical therapy, speech therapy, occupational therapy	\$3.00
Durable medical equipment	\$4.00
Ambulatory surgical center	\$4.00
Laboratory, diagnostic, or x-ray service	\$3.00