

## APPENDIX 3 COPAYMENT SCHEDULE

### SCHEDULE OF COPAYMENTS

**NOTE:** Copayment schedule revised to reflect new copay amounts effective for dates of service on and after July 8, 2011.

Amount	Type of Services
<b>\$1.15 per date of service</b>	
	Chiropractor
	Podiatrist
<b>\$3.30 per date of service</b>	
	Ambulatory Surgical Center
	Federally Qualified Health Center (FQHC)
	Home Health
	Optometrist
	Physician Office Visits - (Physician/Nurse Practitioner)
	Rural Health Clinic (RHC)
<b>\$3.40 per date of service</b>	
	*Durable Medical Equipment and Supplies
	Dental
	Pharmacy (per prescription /refill) (Copay will apply to ages 19 and above only)
<b>\$3.40 per claim</b>	
	Outpatient Hospital ( <b>non-emergency</b> )
<b>\$25.00 per admission</b>	
	Inpatient Hospital

**\*NOTE:** Durable Medical Equipment that is under a rent to purchase payment plan will have the \$3.40 co-pay split evenly among the 10-month rental payment schedule.

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