

MEDICAID COPAYMENT AMOUNTS and EXEMPT SERVICE			
SERVICE or ITEM	AMOUNT	DETAILS ABOUT CO-PAY	NO CO-PAYS FOR THESE SERVICES
Clinic Visits	\$3	Outpatient clinics in hospitals or freestanding clinics such as Community Health Centers	Mental Health Family Planning Alcohol, Drug Abuse Tuberculosis Developmental Disabilities Retardation Emergency Care
Brand Name Prescription	\$2	One co-payment charge for each new prescription or order for each refill	NO CO-PAY for: • Drugs to treat mental illness (psychotropic drugs)
Generic and Over-the-Counter	\$0.50 cents		• BIRTH CONTROL • Any drug used to treat TB • TB drugs
Lab Tests	0.50 cents	Several copays may be charged for one blood test because each test procedure has a copay	NO CO-PAY for: prenatal tests
X-Rays	\$1	X-Rays in hospital clinics, free-standing clinics, community health clinics	NO CO-PAY for: office or hospital
Medical Supplies	\$1	Syringes, bandages, gloves, sterile irrigation solutions, incontinent pads (diapers), ostomy bags, heating pads, hearing aid batteries, nutritional supplements, etc.	NO CO-PAY for: condoms, douches, creams
Overnight Hospital Stays	\$25 on last day	One \$25 copay for hospitalization of any length involving at least one overnight stay	NO CO-PAY for: childbirth procedures services, including emergency care
Emergency Room	\$3.00	Co-pay is only for non-urgent or non-emergency services	NO CO-PAY for: services rendered in the ER
Private Doctor's Office, Home Care, Transportation	No Co-pay	No Co-pay	NO CO-PAY for: private doctor's office urgent care Room, Home Care

DO NOT PAY ANY COPAY IF YOU CANNOT AFFORD IT. YOU MUST BE GIVEN THE DRUG OR SERVICE IF YOU ARE PRESSURED TO PAY A COPAYMENT OR CANNOT GET A DRUG OR OTHER MEDICAL CARE (C)