

Medicaid / CHIP Cost Sharing Schedule

Beneficiaries who have been made eligible for Medicaid / CHIP may be required to pay cost sharing for certain services. This is defined by the Coverage Code assigned to the individual, which appears on the member ID card. The following tables list the co-payments which may be charged by providers for specific types of service, distinguished by the Coverage Code of the individual member.

Coverage Code - 100	
Type of Service	Allowable Co-pay *
Non-Emergency visit to Emergency Room (ER)	\$3.80
Pharmacy - Generic	\$1.00
Pharmacy - Brand	\$3.00
All other services not specified above	\$0.00

Coverage Code - 110	
Type of Service	Allowable Co-pay *
Hospital Admission	\$3.00
Non-Emergency visit to Emergency Room (ER)	\$3.80
Visit to Primary Care Physician (PCP)	\$1.00
Visit to Specialist	\$1.00
Visit to Sub-specialist	\$1.00
High-tech Laboratories	\$0.50
Clinical Laboratories	\$0.50
X-Rays	\$0.50
Special Diagnostic Test	\$1.00
Therapy - Physical	\$1.00
Therapy - Respiratory	\$1.00
Therapy - Occupational	\$1.00
Dental - Preventative	\$1.00
Dental - Restorative	\$1.00
Pharmacy - Generic	\$1.00
Pharmacy - Brand	\$3.00
All other services not specified above	\$0.00

Coverage Code - 230	
Type of Service	Allowable Co-pay *
All services	\$0.00

*** NOTES**

1. Regardless of the assigned Coverage Code, the following Medicaid / CHIP beneficiaries are exempt from all co-payments –
 - Children from 0 to less than 21 years of age;
 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN);
 - Institutionalized Individuals;
 - Individuals receiving hospice care.
2. For all Medicaid / CHIP beneficiaries, the following services are exempt from co-payments –
 - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations at 42 CFR §438.114(a);
 - Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age;
 - Pregnancy related services;
 - Provider-preventable services.
3. Services delivered by a provider in the Preferred Provider Network (PPN) are not charged co-payments. (Pharmacy and Dental providers are not included in the PPN).
4. Co-payments will not be charged for non-emergency services in an ER if, prior to visiting the ER, the beneficiary consults the MCO's medical advice line (call center) and receives a call identification number, and presents such number at the time of the visit to the ER.