

## APPENDIX 3 COPAYMENT SCHEDULE

### SCHEDULE OF COPAYMENTS

<b>Type of Services</b>	<b>Service</b>	<b>Amount</b>
Physician Office Visits (Physician/Nurse Practitioner)	90801	\$2.00
	92002-92014	
	99201-99205	
	99212-99215	
	99241-99245	
	99271-99275	
Durable Medical Equipment	Services per day	\$3.00
Optometrist	92002-92014	\$2.00
	99201-99205	
	99212-99215	
	99241-99245	
	99271-99275	
Chiropractor	98940	\$1.00
	98941	
	98942	
Podiatrist	99201-99205	\$1.00
	99212-99215	
	99241-99245	
	99271-99275	
Home Health	36415	\$2.00
	S9128	
	S9129	
	S9131	
	T1021	
	T1028	
	T1030	
	T1031	
Federally Qualified Health Center (FQHC)	T1015	\$2.00
Rural Health Clinic (RHC)	T1015	\$2.00
Ambulatory Surgical Clinic	Services per day	\$2.00
Dentist	Services per day	\$3.00
Pharmacy (Copay will apply to ages 19 and above only)	Per prescription/refill	\$3.00
Inpatient Hospital	Per admission	\$25.00
Outpatient Hospital	Per claim (non-emergency)	\$3.00

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