

## APPENDIX 3 COPAYMENT SCHEDULE

### SCHEDULE OF COPAYMENTS

Type of Services	Service	Amount
Physician Office Visits (Physician/Nurse Practitioner)	90801 92002-92014 99201-99205 99212-99215 99241-99245 99271-99275	\$2.00
Durable Medical Equipment	Services per day	\$3.00
Optometrist	92002-92014 99201-99205 99212-99215 99241-99245 99271-99275	\$2.00
Chiropractor	98940 98941 98942	\$1.00
Podiatrist	99201-99205 99212-99215 99241-99245 99271-99275	\$1.00
Home Health	36415 S9128 S9129 S9131 T1021 T1028 T1030 T1031	\$2.00
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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