

Copay Summary

CHP+ HMO Benefit	Copayment			
	Income Level 1	Income Level 2	Income Level 3	Income Level 4
Emergency Care	\$3	\$3	\$30	\$50
Urgent/After-Hours Care	\$1	\$1	\$20	\$30
Emergency Transport/Ambulance Services	\$0	\$2	\$15	\$25
Hospital/Other Facility Services <ul style="list-style-type: none"> • Inpatient • Physician • Outpatient/Ambulatory 	\$0	\$2	\$20	\$50
	\$0	\$2	\$5	\$10
	\$0	\$2	\$5	\$10
Routine Medical Office Visit	\$0	\$2	\$5	\$10
Laboratory and X-ray	\$0	\$0	\$5	\$10
Preventive, Covered Childhood Immunizations and Family Planning Services	\$0	\$0	\$0	\$0
Maternity Care <ul style="list-style-type: none"> • Prenatal • Delivery & Inpatient Well Baby Care 	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Prescription Birth Control	\$0	\$0	\$0	\$0
Inpatient Mental Illness Care & Substance Abuse/Residential/Day Treatment	\$0	\$2	\$20	\$50
Non-Office Based Mental Health and Substance Abuse (there is no copay for drop-in centers, school-based, club house, or home-based services)	\$0	\$2	\$5	\$10
Outpatient and Office-Based Mental Health and Substance Abuse	\$0	\$2	\$5	\$10
Physical Therapy, Speech Therapy, and Occupational Therapy	\$0	\$2	\$5	\$10
Durable Medical Equipment (DME)	\$0	\$0	\$0	\$0
Transplants	\$0	\$0	\$0	\$0

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Home Healthcare	\$0	\$0	\$0	\$0
Hospice Care	\$0	\$0	\$0	\$0
Prescription Medications (including over-the-counter medications)	\$0	\$1	\$3 – generic \$10 – brand	\$5 – generic \$15 – brand
Kidney Dialysis	\$0	\$0	\$0	\$0
Skilled Nursing Facility Care	\$0	\$0	\$0	\$0
Routine Vision Services (vision service is when you see a vision provider for something other than a routine exam)	\$0	\$0	\$0	\$0
Audiology Services	\$0	\$0	\$0	\$0
Intractable Pain	\$0	\$2	\$5/office visit \$20/admission	\$10/office visit \$50/admission
Autism Coverage	\$0	\$2	\$5/office visit \$20/admission	\$10/office visit \$50/admission
Dietary Counseling/Nutritional Services	\$0	\$0	\$0	\$0
Therapies: Chemotherapy and Radiation	\$0	\$0	\$0	\$0