



Cost Sharing and Copayments

Cost sharing is the portion of payment for services a member pays out of their own pocket. Member copays are deducted from the total cost sharing limit. The cost sharing limit is based upon the family's household income and is capped at 5% per month. The cost sharing limit is also applied across the members of the household and resets at the beginning of each month. Once the household cost sharing limit is reached, the members of the household should not be charged a copay.

There are certain groups and benefits that are exempt from such copays:

- Children;
- Pregnancy-related services;
- Certain American Indians and Alaskan Natives;
- Persons receiving nursing home care;
- Persons receiving hospice care; and
- Persons in the Oklahoma Breast and Cervical Cancer Treatment Program.

Members being served through Home and Community-Based Services waivers pay the following copays for prescriptions:

- \$0.65 copay per drug costing \$10.00 or less;
- \$1.20 copay per drug costing \$10.01 - \$25.00;
- \$2.40 copay per drug costing \$25.01 - \$50.00;
- \$3.50 copay per drug costing \$50.01 or more.
- Preferred generics do not have copays.

OHCA will inform members of their household cost sharing cap amount upon eligibility determination. The member is responsible for paying all copay amounts. Members will also be informed when they have reached the total family limit.

A provider cannot deny services based upon a member's inability to pay at the time of service. For a current list of copay amounts that providers are allowed to charge, please refer to the following chart, visit the [OHCA SoonerCare Benefits website](#) or contact the Sooner Care Helpline at 1-800-987-7767.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



The covered benefits list of copays provided is not all-inclusive and does not reflect all services that may have a copay amount.

Service	Copay Amounts
Ambulatory Surgery Centers	\$4 per visit
Behavioral Health and Substance Abuse Services (some services may require prior authorization)	\$3 per visit; Behavioral Health Inpatient - \$10 per day; up to a maximum of \$75 per visit
Chemotherapy and Radiation Therapy	\$4 per visit
Clinic services including Renal Dialysis services	\$4 per visit
Emergency Dental services	None
Dental services	\$4 per visit
Diabetic supplies	\$4 per claim
Diagnostic X-ray services	\$4 per visit
Durable Medical Equipment and supplies	\$4 per claim
Emergency services	None
Family Planning services	None
FQHC services	\$4 per visit
Home Health services	\$4 per visit
Immunizations	\$4 per date of service



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Inpatient hospital services (Acute Care only)	\$10 per day for first seven days - \$5 on the eighth day; up to a maximum of \$75 per visit
Laboratory	\$4 per visit
Outpatient hospital services	\$4 per visit
Physical Therapy, Occupational Therapy, and Speech Therapy	\$4 per visit
PCP visits and physician services	\$4 per visit
Preventive services	\$4 per visit as applicable
Podiatry services	\$4 per visit
Prescription Drugs and insulin	\$4 each prescription
Prenatal, delivery and postpartum services	None
Rural Health Clinic services	\$4 per visit
Specialty Clinic visits	\$4 per visit
Tuberculosis services	\$4 per visit

OHCA's secure provider portal will indicate the copayment amount due on a processed claim and the claim's remittance advice. For assistance with verifying co-payments using the OHCA secure provider portal, call the Provider Helpline at 800-522-0114, option 1.



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