

Flexibility with Member Cost Sharing

(a) **Nominal Co-pay for non-institutional services** – Copays cannot exceed the amounts shown in the following table:

States Payment for the Service	Maximum Copayment Chargeable to Member for FFY2010*
\$10 or less	\$0.65
\$10.01 to \$25	\$1.20
\$25.01 to \$50	\$2.40
\$50.01 or more	\$3.50

(b) **Institutional Services** – Copays for each admission can be increased as long as they do not exceed 50 percent of the payment the agency makes for the first day of care in the institution.

Restrictions

- Co-pays are **not** allowed for:
 - Services for children (under 21)
 - Pregnant women
 - Family planning services
 - Emergency services (Exception: \$3 per visit for emergency room services which are not a true emergency)
 - American Indians going to an Indian clinic, Indian hospital, or Indian Pharmacy
 - Members in a nursing facility or ICF/MR
 - Home and community based waiver services

Effective April 1, 2010

- Co-pays for non-pregnant adults (age 21 and older) will be as follows:
 - \$10 per day for inpatient hospital stays with a maximum total of \$90 per hospital stay.
 - \$3 for most office and home visits. This includes visits with PCPs, optometrists, home health agencies, durable medical equipment providers and outpatient behavioral health providers.
 - For prescription drugs, there is no co-pay for preferred generic prescriptions. There will be a \$2 co-pay for prescriptions that cost up to \$29.99 and a \$3 co-pay for prescriptions that cost \$30 or more.