

Member Copayment Schedule

Services	Adult Medical Assistance members ages 18 and older copays
Ambulance (non-emergency)	No copay
Ambulatory surgical center	\$3
Birth center	No copay
Blood and blood products	No copay
Chiropractor	\$1
Dentist	No copay
Durable medical equipment (purchase)	No copay
Durable medical equipment (rent)	No copay
Emergency room services	No copay
EPSDT services	No copay
Family planning	No copay
FQHC/RHC	No copay
Home health agency services	No copay
Hospice	No copay
Hospital: inpatient (acute)	\$3 day/max \$21
Hospital: inpatient (rehab)	\$3 day/max \$21
Hospital: outpatient clinic	No copay
Laboratory tests	No copay
Medical supplies	No copay
Nurse midwife (maternity services)	No copay
Obstetrician/gynecologist	No copay
Optometrist	No copay
Oxygen	No copay
Physician/CRNP	No copay
Podiatrist	\$1
Portable X-ray	\$1 per visit
Prescription brand name Rx	\$3 per prescription or refill
Prescription generic Rx	\$1 per prescription or refill
Renal dialysis	No copay
Short procedure unit	\$3
Skilled nursing facility	No copay
Tobacco cessation	No copay

Notes:

- Copays do not apply to members who are:
 - Pregnant (including postpartum care).
 - Under 18 years of age.
 - 18 through 20 years of age and qualify for Medical Assistance under Title IV-B Foster Care or Title IV-E Foster Care and Adoption Assistance.
 - In a long-term care facility (nursing home) or other medical institution (for example: intermediate care facility for mental retardation [ICF/MR]).
- Copays do not apply to services provided in an emergency situation or items costing less than \$2.
- For additional information about existing prior authorization policies and claim processing edits, please consult the AmeriHealth Caritas Pennsylvania Member Handbook or the AmeriHealth Caritas Pennsylvania Drug Formulary.
- Adult Medical Assistance members age 21 and older are not eligible for glasses or contact lenses, with some exceptions.
- Certain drugs do not have copays, such as:
 - High blood pressure drugs.
 - Cancer drugs.
 - Diabetes drugs.
 - Epilepsy drugs.
 - Heart disease drugs.
 - Mental health drugs (except for anti-anxiety drugs that are controlled substances, such as alprazolam and diazepam).
 - Anti-Parkinson's disease drugs.
 - Anti-glaucoma drugs.
 - Drugs used only to treat HIV/AIDS.
 - Drugs, including immunizations, that members can get in a health care provider's office.

This is not a complete list of services that do not have copays. Please call Member Services with questions.

A provider participating in the Medical Assistance program may not deny covered care or services to an eligible Medical Assistance recipient because of the recipient's inability to pay the copayment amount. [55 Pa Code §1101.63(b)(7)]

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.

AmeriHealth Caritas Pennsylvania complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-991-7200 (TTY 1-888-987-5704).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-991-7200 (TTY 1-888-987-5704).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-991-7200 (телетайп 1-888-987-5704).

Coverage by AmeriHealth First.

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For the full nondiscrimination notice, go to www.amerihealthcaritaspa.com.

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