

## **CO-PAY REQUIREMENTS**

(effective 7/1/2019)

Covered Services	Co-Pay	
	Income less than or equal to 100% FPL	Income more than 100% FPL
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2	\$ 4
Outpatient Hospital Clinic Visit	\$ 2	\$ 4
Emergency Room Visit for Non-Emergency Services  Co-payment ONLY applies to non-emergency services  There is no co-payment for true emergency services	\$ 3	\$ 8
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50	\$ 100
Pharmacy	\$ 1 preferred \$ 3 non-preferred	\$ 4 preferred \$ 8 non-preferred
Chiropractic Visits	\$ 1	\$ 3
Dental Visits	\$ 3	\$ 4
Hearing Aids	\$ 3 per aid	\$ 3 per aid
Podiatric Visits	\$ 2	\$ 4
Vision Visits	\$ 2	\$ 2

## **Healthy Michigan Plan Co-Payment Exemptions**

Groups Exempt from Co-Pay	Services Exempt from Co-Pay
Requirements	Requirements
<ul> <li>Beneficiaries under age 21</li> <li>Individuals residing in a nursing facility</li> <li>Individuals receiving hospice care</li> <li>Native American Indians and Alaskan Natives consistent with Federal regulations at 42 CFR 447.56(a)(1)(x)</li> <li>Beneficiaries dually eligible for Healthy Michigan Plan and Children's Special Health Care Services</li> </ul>	<ul> <li>Emergency services</li> <li>Family planning services</li> <li>Pregnancy-related services</li> <li>Preventive services</li> <li>Federally Qualified Health Center, Rural Health Clinics, or Tribal Health Center services</li> <li>Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan / Community Mental Health Services Program</li> <li>Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry</li> <li>Services related to program-specific chronic conditions *</li> </ul>

<sup>\*</sup> A list of program-specific chronic conditions can be found online at <a href="https://www.michigan.gov/healthymichiganplan">www.michigan.gov/healthymichiganplan</a> >> Healthy Michigan Plan Provider Information