## COPAYS - FIRST MEDICAL HEALTH PLAN, INC.

Do you have to pay copays for a PCP, specialist, Emergency Room visit, hospitalization, or other type of service? Not sure? See the chart below, view your Membership Card or call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

BENEFIT PACKAGE S, CO-PAYS & CO-INSURANCE - effective January 2023											
BENEFIT PACKAGE & SERVICES FOR MENTAL HEALTH (MH), SUBSTANCE USE DISORDER (SUD), MEDICAL/DURGICAL (M/S)	FEDERAL				CHIPs		COMMONWEALTH				*ELA
	100	110	120	130	220	230	300	310	320	330	400
HOSPITALIZATION SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$15	\$15	\$15	\$20	\$50
Admissions	\$0	\$4	\$5	\$8	\$0	\$0	\$15	\$15	\$15	\$20	\$50
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Behavioral health hospitalizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Detoxification Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient behavioral Health Services in an Institution for Mental Disease (IMD)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
BEHAVIORL HEALTH SERVICES	<u>.</u>								<u>.</u>		
Evaluation, screening, and treatment of individual, couples, families, and groups	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient services with psychiatrist, psychologist, and social workers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital services for substances and alcohol abuse disorders	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient services for substance and alcohol abuse disorders	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Intensive outpatient services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency or crisis intervention services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Long-lasting injected medicine clinics	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Escort/professional assistance and ambulance services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prevention and secondary- education services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Treatment of attention deficit disorder	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Substance abuse treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Opiate addiction treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Partial hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Сорау	s - Fir	ST MEI		Health	I PLAN	, Inc.					
Electroconvulsive Therapy (EC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Psychological / Neuropsychological testing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PREVENTIVE HEALTH SERVICES		1	1	1			1	1			
Well baby care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Evaluation and nutritional screening	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory and Clinical Test	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	20%
Nutritional, oral, and physical health education	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Reproductive health/family planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual physical exam for diabetics	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health certificates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Test Services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	40%
OUTPATIENT REHABILITATION SERVI	CES	L					L	L			
Physical therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Occupational therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Speech therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5
EMERGENCY ROOM (ER)									•		
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$10	\$15	\$20	\$20
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$20	\$20	\$25	\$30	\$20
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$20	\$20	\$25	\$30	\$20
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MEDICAL AND SURGICAL SERVICES											
EPSDT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary care physician's visits including nursing services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$3
Specialist treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$7
Sub-specialist treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$10
Physician home visits	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$10
Respiratory therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Anesthesia services (except of epidural)	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Radiology services	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$2 \$2	\$2 \$2	\$5 \$5	\$5 \$5	20%
Pathology services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Outpatient surgery facility services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Nursing services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Sterilization	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%

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Prosthetics	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Ostomy equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Blood transfusion and blood plasma services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Services to patients with Level 1 or Level 2 chronic renal disease	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Skin, bone, and corneal transplants	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Veklury (remdesivir) for COVID-19	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Breast reconstruction after mastectomy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Surgical procedures to treat morbid obesity	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Mechanical respirators and ventilators	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Durable Medical Equipment*	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Emergency Transportation Services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Maternity and Pre-natal services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES											
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	40%
DENTAL SERVICES											
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$3	\$5	\$3
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	\$10
PHARMACY SERVICES											
Preferred (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$3	\$3	\$5	\$5	\$5
Non-Preferred (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$8	\$8	\$10	\$10	\$10
*All Durable Medical Equipment (DME) is not covered; however, DME may be covered on a case-by-case basis											

under an exceptions process. \*\* Copays apply to diagnostic tests only. Copays do not apply to test required as part of a preventive service. \*\*\* Copays apply to each medicine included in the same prescription pad.