

CoverKids Copays

	BENEFIT LEVEL		
	1	2	3
Office/Outpatient Services			
Primary Care Visit <ul style="list-style-type: none"> Office visit with family practice, general practice, internal medicine, OB/GYN, pediatrics, and walk in clinics Includes nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider 	\$15 Copay	\$5 Copay	No Copay
Specialist Visit and Outpatient Surgery <ul style="list-style-type: none"> Office visit with any specialty provider Outpatient surgery including invasive diagnostic services (e.g. colonoscopy) - Single copay per date of service 	\$20 Copay	\$5 Copay	No Copay
Behavioral Health (Mental Health, Alcohol and Drug Abuse) Services <ul style="list-style-type: none"> Office visit Outpatient Mental health and substance abuse - Single copay per date of service 	\$15 Copay	\$5 Copay	No Copay
Chiropractors <ul style="list-style-type: none"> Only covered for children under age 19 	\$15 Copay	\$5 Copay	No Copay
Rehabilitation and Therapy Services	\$15 Copay	\$5 Copay	No Copay

				BENEFIT LEVEL		
				1	2	3
<ul style="list-style-type: none"> • Including Speech, Physical and Occupational • Limited to 52 visits per therapy type per Calendar Year 						
				BENEFIT LEVEL		
				1	2	3
Pharmacy - Benefits managed by OptumRx						
30 and 90-Day Supply/Specialty Pharmacy Drugs				\$5 generic \$20 preferred brand \$40 non-preferred brand	\$1 generic \$3 preferred brand \$5 non-preferred brand	No Copay
Non-Emergency Care						
Emergency Room Visit deemed as NOT a True Medical Emergency <ul style="list-style-type: none"> • Facility (Medical & Behavioral Health (Mental Health, Alcohol and Drug Abuse) • MUST be an In-Network Provider. If Out of Network provider, CoverKids will NOT pay. 				\$50 Copay	\$10 Copay	No Copay
Inpatient Stays						
Inpatient Facility (Medical and Behavioral Health [Mental Health, Alcohol and Drug Abuse]) <ul style="list-style-type: none"> • Copay waived if readmitted within 48 hours of initial visit for same episode of illness or injury • Rehabilitation services • Mental Health, Alcohol and Drug Abuse Treatment 				\$100 Copay per admission	\$5 Copay per admission	No Copay

	BENEFIT LEVEL		
	1	2	3
Vision Services- These Services are only eligible for children under age 19. When both frames and lenses are ordered at the same time, one copay is charged			
Prescription Eyeglass Lenses <ul style="list-style-type: none"> Including bifocal or trifocal Limited to one per Plan Year 	\$15 Copay \$85 Max Benefit	\$5 Copay \$85 Max Benefit	No Copay
Prescription Contact Lenses instead of Eyeglass Lenses <ul style="list-style-type: none"> Limited to one per Plan Year 	\$15 Copay \$150 Max Benefit	\$5 Copay \$150 Max Benefit	No Copay
Frames <ul style="list-style-type: none"> Limited to every 2 Plan Years 	\$15 Copay \$100 Max Benefit	\$5 Copay \$100 Max Benefit	No Copay

The following services do <u>NOT</u> require a copay
Preventive Care
Office Visits <ul style="list-style-type: none"> Routine Health Assessments Immunizations Annual hearing and vision screening
Office/Outpatient Services
<ul style="list-style-type: none"> Lab and X-Ray
Emergency Care
<ul style="list-style-type: none"> Emergency Room Visit Deemed as an Emergency
Services for Pregnant Women
Pregnant Women do not have copays
Ambulance
<ul style="list-style-type: none"> Land and Air

Home Health

- Home Nursing Care limited to 125 visits per Calendar Year

Hospice

- Copay waived for all services if member is under hospice care

Vision Services - These Services are only eligible for Children under 19.**Annual Vision Exam**

- Including refractive exam and annual glaucoma testing
- Must go to an In-Network provider