Division of TennCare

CoverKids Copays

Office & Outpatient Services	Benefit Level 1	Benefit Level 2	Benefit Level 3
Primary Care Visits • Office visits with a family practice, general practice, internal medicine, OB/GYN, pediatrics, or 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 • Office visits with any specialty provider. • Outpatient surgery including invasive diagnostic services (like colonoscopies); Single copay per date of service	$20 Copay	$5 Copay	No Copay
Behavioral Health Services (Mental Health, Alcohol, and Drug Abuse) • Office visits. • Outpatient mental health and substance abuse; Single copay per date of service	$15 Copay	$5 Copay	No Copay
Chiropractors • Only covered for children under age 19	$15 Copay	$5 Copay	No Copay
Rehabilitation and Therapy Services • Includes Speech, Physical, and Occupational Therapy • Limited to 52 visits per therapy type per Calendar Year	$15 Copay	$5 Copay	No Copay

Pharmacy Benefits Managed by Optum Rx	Benefit Level 1	Benefit Level 2	Benefit Level 3
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	Benefit Level 1	Benefit Level 2	Benefit Level 3
Emergency Room Visits deemed as NOT a True Medical Emergency • Facility (Medical & Behavioral) • Health (Mental Health, Alcohol, and Drug Abuse) • **MUST** be an In-Network Provider. CoverKids will **NOT** pay for Out-of-Network Providers	$50 Copay	$10 Copay	No Copay

Inpatient Stays	Benefit Level 1	Benefit Level 2	Benefit Level 3
Inpatient Facility (Medical and Behavioral Health like Mental Health, Alcohol, and Drug Abuse) • Copay waived if readmitted within 48 hours of initial visit for the 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

Vision Services (ONLY eligible for Children under age 19. When both Frames & Lenses are ordered at the same time, ONE Copay is charged.)	Benefit Level 1	Benefit Level 2	Benefit Level 3
Prescription Eyeglass Lenses • Including bifocal or trifocal lenses • 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 • Limited to one per Plan Year	$15 Copay $150 Max Benefit	$5 Copay $150 Max Benefit	No Copay
Frames • Limited to every 2 Plan Years	$15 Copay $100 Max Benefit	$5 Copay $100 Max Benefit	No Copay

Dental Services (ONLY Eligible for Children Under Age 19)	Benefit Level 1	Benefit Level 2	Benefit Level 3
Dental Services • No copay for routine preventive oral exams, X-rays, and fluoride application	$15 Copay	$5 Copay	No Copay
Orthodontic Services	$15 Copay	$5 Copay	No Copay

Services that do NOT need a Copay	Services that do NOT need a Copay (Continued)
Preventive Care • Office Visits (routine health assessments, immunizations, and annual hearing & vision Screening)	**Vision Services (ONLY eligible for Children under age 19)** Annual Vision Exams including refractive exam and annual glaucoma testing (must go to an In-Network Provider)
Office & Outpatient Services • Lab & X-ray	**Home Health** • Home Nursing Care is limited to 125 visits per Calendar Year.
Emergency Care • Emergency Room visits deemed as an emergency	**Hospice** • Copay is waived for all services if the member is under hospice care.
Services for Pregnant Women • Pregnant Women do not have Copays	**Ambulance** • Land & Air