Copayments for Medicaid Services

You may be asked to pay a small part of the cost (copayment) of some medical services you receive. Medicaid will pay the rest. Providers cannot charge any additional amount other than the copayment for Medicaid covered services.

Services	Amounts
Doctor visits	$1.30 to $3.90 for each visit
Optometric (eye care services)	$1.30 to $3.90 for each visit
Certified nurse practitioner visits	$1.30 to $3.90 for each visit
Health care center visits	$3.90 for each visit
Rural health clinic visits	$3.90 for each visit
Inpatient hospital	$50 for each admission
Outpatient hospital	$3.90 for each visit
Prescription drugs	65¢ to $3.90 for each prescription
Medical equipment	$1.30 to $3.90 for each item
Supplies and appliances	65¢ to $3.90 for each item
Ambulatory surgical centers	$3.90 for each visit

You do not have to pay a copayment if you are a Medicaid recipient who is:

- in a nursing home
- under 18 years of age
- receiving pregnancy-related services
- receiving family planning services
- a Native American Indian with an active user letter from Indian Health Services (IHS)

The following services do not require a copayment:

- birth control (family planning) services
- case management services
- chemotherapy
- dental services for recipients under 21 years of age
- doctor fees if surgery was done in the doctor's office
- doctor visits if you are in a hospital or nursing home
- emergencies
- home and community services for the intellectually disabled, the elderly and the physically disabled
- home health care services
- mental health and substance use disorder treatment services
- preventive health education services
- physical therapy in a hospital outpatient setting
- radiation treatments
- renal dialysis treatments