



Non-Pregnant Adult Co-payment Chart January 2014

Please note: Co-payments are the same for Traditional, Non-Traditional and Primary Care Network (PCN), however, benefits vary by program

Benefit	Copayment
Out of Pocket Maximum	Pharmacy - \$15 per month Inpatient \$220 per year Physician & Outpatient - \$100 per year combined
Dental	No co-pay <i>(Medicaid – non pregnant adults only have limited emergency dental benefits)</i> <i>(PCN – PCN scope of dental benefits)</i>
Emergency Room	No co-pay for diagnosed true emergency \$6.00 co-pay for non-emergency use of the ER
Family Planning	Office visit – no co-pay Pharmacy – no co-pay <i>(Check current birth control and over the counter lists)</i>
Inpatient Hospital	\$220 co-pay <i>(PCN – no benefits)</i>
Lab	No co-pay
Medical Equipment & Supplies	No co-pay
Mental Health	Medicaid – No co-pay when the Prepaid Mental Health Plan is used <i>(PCN – No benefits)</i>
Occupational & Physical Therapy	No co-pay <i>(PCN – No benefits)</i>
Office visits, Immunizations & Outpatient	\$3.00 co-pay <i>(No co-pay for covered preventative care or immunizations)</i>
Transportation	No co-pay <i>(PCN – No benefits)</i>
Pharmacy	\$3.00 co-pay per prescription, limited to \$15 each month <i>(PCN – limited to four prescriptions per month)</i>
Vision Services	Optometrist – no co-pay for annual eye exam Ophthalmologist – \$3.00 co-pay for annual eye exam <i>(Glasses not covered)</i>
X-Ray	No co-pay

Please note: **Native Americans, pregnant women and children under the age of 18 do not have co-pays.** Other insurance, including Medicare, may affect the co-payments.

For general information and benefits, refer to the Medicaid Member Guide or the PCN Member Guide. To request another guide, please call 801-526-9422 or 1-866-608-9422. Information is also available at Utah Medical Benefits website: www.health.utah.gov/umb.

What happens after I choose a health plan or PCP?

The health plan or PCP (Primary Care Provider) you chose will be printed on your monthly Medicaid card. You will receive information from the health plan that will explain what services are offered and how to use them.

What other things do I need to know?

1. Always check your Medicaid card and make sure the information is correct.
2. Always show your current Medicaid card to your doctor or other health care provider *before* receiving treatment. You will need a referral to see a doctor other than your PCP if a PCP prints on your card.
3. If you have a health plan and choose to see a doctor or another health care provider who is not part of the plan, you may have to pay the bill yourself.
4. Some Medicaid services are not paid by your health plan such as dental and pharmacy. You must receive those services from a provider who will accept your Medicaid card.
5. Use the hospital Emergency Room (ER) only for emergencies. If it is not a true emergency, you will have to pay the emergency room co-payment of \$6.00. Get urgent care from an urgent care facility or your primary care physician (PCP).
6. Keep all of your medical appointments. If you need to cancel or reschedule an appointment, call the office at least 24 hours in advance. A provider may charge you and/or refuse to keep you as a patient if you do not keep scheduled appointments.
7. Save your old Medicaid cards for 12 months. They are proof that you are eligible for Medicaid.
8. For questions about your eligibility, if you have lost or did not get your Medicaid card please call DWS at 1-866-435-7414.

Appeals and Fair Hearing Rights

You may feel a service or bill was denied unfairly. You have the right to question these decisions. You have the right to a Fair Hearing.

- Call your health plan to talk about the problem. Many times the problem can be taken care of easily.
- If there are still problems, contact your health plan to request an appeal.
- You can call your HPR to talk about the problem.
- If you do not have a health plan, you can talk to your HPR.
- You can ask for a Fair Hearing with the State by calling 801-538-6155 or 1-800-662-9651.