

COPAYS - FIRST MEDICAL HEALTH PLAN, INC.

Electroconvulsive Therapy (EC)	\$0	\$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	\$0
PREVENTIVE HEALTH SERVICES												
Well baby care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$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	\$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	\$0
Reproductive health/family planning	\$0	\$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	\$0
Health certificates	\$0	\$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 SERVICES												
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	\$0
MEDICAL AND SURGICAL SERVICES												
EPSDT	\$0	\$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	\$2	\$2	\$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	\$0	\$2	\$2	\$5	\$5	20%
Ostomy equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Blood transfusion and blood plasma services	\$0	\$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	\$0	\$2	\$2	\$5	\$5	20%
Skin, bone, and corneal transplants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Veklury (remdesivir) for COVID-19	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Breast reconstruction after mastectomy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Surgical procedures to treat morbid obesity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Mechanical respirators and ventilators	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Durable Medical Equipment*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Emergency Transportation Services	\$0	\$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	\$0
OTHER SERVICES												
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Special Diagnostic Tests**	\$0	\$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	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$3	\$5	\$3
Restorative	\$0	\$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	\$0	\$5
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$3	\$3	\$5	\$5	\$5	\$5
Non-Preferred (Children 0-21)	\$0	\$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	\$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.