

BENEFIT PACKAGES, CO-PAYS & CO-INSURANCE – effective on January 2023*

BENEFIT PACKAGES & SERVICES FOR MENTAL HEALTH (MH), SUBSTANCE USE DISORDER (SUD), MEDICAL/SURGICAL (M/S)	Federal				CHIPs		Commonwealth				*ELA	
	100	110	120	130	220	230	300	310	320	330	400	
HOSPITALIZATION SERVICES												
Admissions	\$0	\$0	\$0	\$0	\$0	\$0	\$15	\$15	\$15	\$20	\$50	
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Behavioral health hospitalizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Detoxification Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Inpatient behavioral Health Services in an Institution for Mental Disease (IMD)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
BEHAVIORAL HEALTH SERVICES												
Evaluation, screening, and treatment of individual, couples, families, and groups	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Outpatient services with psychiatrist, psychologist, and social workers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hospital services for substances and alcohol abuse disorders	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Outpatient services for substance and alcohol abuse disorders	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Intensive outpatient services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Emergency or crisis intervention services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Long-lasting injected medicine clinics	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Escort/professional assistance and ambulance services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Prevention and secondary-education services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Treatment of attention deficit disorder	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Substance abuse treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Opiate addiction treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Partial hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Electroconvulsive Therapy (EC)	\$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	
PREVENTIVE HEALTH SERVICES												
Well baby care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Hearing Exams	\$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	
Laboratory and Clinical Tests	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	20%	

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	100	110	120	130	220	230	300	310	320	330	400	
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	
MEDICAL AND SURGICAL SERVICES												
EPSDT/early and periodic screening, diag, treatment <21	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Primary care physicians' 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%	
Prosthetics	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Ostomy equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Blood transfusion and blood plasma services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	

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	100	110	120	130	220	230	300	310	320	330	400
Services to patients with Level 1 or Level 2 chronic renal disease	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Skin, bone, and corneal transplants	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Veklury (remdesivir) for COVID-18	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Breast reconstruction after mastectomy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Surgical procedures to treat morbid obesity	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Mechanical respirators and ventilators	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Durable Medical Equipment****	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Emergency Transportation Services	\$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
OTHER SERVICES											
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Special Diagnostic Tests**	\$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
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$3	\$5	\$3
Restorative	\$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	\$5
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$3	\$3	\$5	\$5	\$5
Non-Preferred (Children 0-21)	\$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

** Copays apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

*** Copays apply to each medicine included in the same prescription pad.

****All Durable Medical Equipment (DME) is not covered; however, DME may be covered on a case-by-case basis under an exceptions process.