

Amendment

BOOK 2

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Changes are underlined.

• **Co-payment amounts are as follows:**

Service	Amount(\$)
Inpatient Hospital	\$25.00 per stay upon discharge
Outpatient Hospital and Clinic	\$3.00 per visit
Non-emergency/Non-urgent ER Visits	\$3.00 per visit
Prescription Drugs	
(brand name)	\$2.00
(generic)	\$.50
Over-the-Counter Drugs	\$.50
Drugs to treat Mental Illness or Tuberculosis	NO CO-PAYMENT
Family Planning	NO CO-PAYMENT
Enteral/Parenteral Formulae/Supplies	\$1.00 per order/prescription
Medical/Surgical Supplies	\$1.00 per order
Laboratory	\$.50 per procedure code
X-ray	\$1.00 per procedure code

• **Recipients exempt from co-payment include the following:**

- Recipients under the age of twenty-one;
- Pregnant women (this exemption continues for two months after the month in which the pregnancy ends;
- Recipients institutionalized in a medical facility who are required to spend all of their income, except for a personal needs allowance, on medical care. This includes all recipients in nursing facilities and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD);
- Recipients enrolled in Medicaid Managed Care Plans except that such persons shall be subject to co-payments for each generic prescription drug dispensed, each brand-name prescription drug dispensed, and each over-the-counter medication ordered by a recognized practitioner;