

## CO-PAY REQUIREMENTS

Covered Services	Co-Pay
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2
Outpatient Hospital Clinic Visit	\$ 1
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> <li>Co-payment ONLY applies to non-emergency services</li> <li>There is no co-payment for true emergency services</li> </ul>	\$ 3
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50
Pharmacy	\$ 1 generic \$ 3 brand
Chiropractic Visits	\$ 1
Dental Visits	\$ 3
Hearing Aids	\$ 3 per aid
Podiatric Visits	\$ 2
Vision Visits	\$2

### Healthy Michigan Plan Co-Payment Exemptions

Groups Exempt from Co-Pay Requirements	Services Exempt from Co-Pay Requirements
<ul style="list-style-type: none"> <li>Beneficiaries under age 21</li> <li>Individuals residing in a nursing facility</li> <li>Individuals receiving hospice care</li> <li>Native American Indians and Alaskan Natives consistent with Federal regulations at 42 CFR 447.56(a)(1)(x)</li> <li>Beneficiaries dually eligible for Healthy Michigan Plan and Children's Special Health Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Emergency services</li> <li>Family planning services</li> <li>Pregnancy-related services</li> <li>Preventive services</li> <li>Federally Qualified Health Center, Rural Health Clinics, or Tribal Health Center services</li> <li>Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan / Community Mental Health Services Program</li> <li>Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry</li> </ul>