### Member Copayment Schedule

**Services** | **Adult Medical Assistance members ages 18 and older copays**
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Ambulance (non-emergency) | No copay
Ambulatory surgical center | $3 per visit
Birth center | No copay
Blood and blood products | No copay
Chiropractor | No copay
Dentist | No copay
Durable medical equipment (purchase) | No copay
Durable medical equipment (rent) | No copay
Emergency room services | No copay
EPSDT services | No copay
Family planning | No copay
FQHC/RHC | No copay
Home health agency services | No copay
Hospice | No copay
Hospital: inpatient (acute) | $3 day/max $21
Hospital: inpatient (rehab) | $3 day/max $21
Hospital: outpatient clinic | No copay
Laboratory tests | No copay
Medical supplies | No copay
Nurse midwife (maternity services) | No copay
Obstetrician/gynecologist | No copay
Optometrist | No copay
Oxygen | No copay
Physician/CRNP | No copay
Podiatrist | No copay
Portable X-ray | $1 per visit
Prescription brand name Rx | $3 per prescription or refill
Prescription generic Rx | $1 per prescription or refill
Renal dialysis | No copay
Short procedure unit | $3 per visit
Skilled nursing facility | No copay
Tobacco cessation | No copay

### Notes:
1. Copays do not apply to members who are:
   - Pregnant (including postpartum care).
   - Under 18 years of age.
   - 18 through 20 years of age and qualify for Medical Assistance under Title IV-B Foster Care or Title IV-E Foster Care and Adoption Assistance.
   - In a long-term care facility (nursing home) or other medical institution (for example: intermediate care facility for mental retardation [ICF/MR]).
2. Copays do not apply to services provided in an emergency situation or items costing less than $2.
3. For additional information about existing prior authorization policies and claim processing edits, please consult the Keystone First Member Handbook or the Keystone First Drug Formulary.
4. Adult Medical Assistance members ages 21 and older are not eligible for glasses or contact lenses, with some exceptions.
5. Certain drugs do not have copays, such as:
   - High blood pressure drugs.
   - Cancer drugs.
   - Diabetes drugs.
   - Epilepsy drugs.
   - Heart disease drugs.
   - Mental health drugs (except for anti-anxiety drugs that are controlled substances, such as alprazolam and diazepam).
   - Anti-Parkinson's disease drugs.
   - Anti-glaucoma drugs.
   - Drugs used only to treat HIV/AIDS.
   - Drugs, including immunizations, that members can get in a health care provider’s office.

This is not a complete list of services that do not have copays. Please call Member Services with questions.

A provider participating in the Medical Assistance program may not deny covered care or services to an eligible Medical Assistance recipient because of the recipient’s inability to pay the copayment amount.

[55 Pa Code §1101.63(b)(7)]
This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.

Keystone First complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-521-6860 (TTY 1-800-684-5505).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-521-6860 (TTY 1-800-684-5505).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-521-6860 (телефон)

1-800-684-5505).

For the full nondiscrimination notice, go to www.keystonefirstpa.com.