

REMINDER: Health Choice Policy for AHCCCS Medicaid Member Copayments (Copays)

COPAYMENTS: A co-payment is a small amount of money a member pays the doctor, hospital or pharmacy at the time of services. There are members who are exempt from co-payments (do not owe one at all), members with non-mandatory co-payments (services will not be denied for failure to pay) and members who have a mandatory co-payment (services can be denied for failure to pay).

****Copayments referenced in this section are Medicaid (AHCCCS), members are not exempt from Medicare copayments.**

The following are asked not to pay copayments:

People under age 19	Seriously Mentally Ill (SMI)	Children’s Rehabilitative (CRS)
Acute living in SNF or AL -(limited to 90 days)	Active or previous users of Indian Health Services (IHS)	Qualified Medicare Beneficiaries (QMB)
Hospice	AZ Long Term Care (ALTCS)	Adult Group members
Breast and Cervical Cancer Treatment Program (BCCTP)	Those receiving Title IV-B Child Welfare Services	Pregnant and within postpartum Period

****NOTE: For a limited time persons who are eligible in the Adult Group will not have any copays. Adult Group Members include persons transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for the future. Members will be told about any changes in copays before they happen.**

Copayments are not charged for the following services for ANYONE:

Hospitalizations	Emergency Services	Family Planning Services
Pregnancy related Health Care	Tobacco Cessation for Pregnant Members	Family Planning Supplies
Preventative Services	Immunizations	Emergency Dept. Services

PEOPLE WITH OPTIONAL (NON-MANDATORY) COPAYMENTS

Individuals eligible for AHCCCS through any of the programs below may be charged non-mandatory copays, unless:

1. They are receiving one of the services above that cannot be charged a copay, or
2. They are in one of the groups above that cannot be charged a copay.

AHCCCS for Families w/Children	Young Adult Transitional Insurance (YATI-foster care)	State Adoption Assistance for special Needs Children
SSI People 65 or older, blind or disabled	SSI Medical Assistance Only	Freedom to Work (FTW)

OPTIONAL (NON-MANDATORY) COPAYMENT AMOUNTS FOR SOME MEDICAL SERVICES

Service	Copayment
Prescriptions	\$2.30
Out-patient services for physical, occupational and speech therapy	\$2.30
Doctor or other provider outpatient office visits for evaluation and management of your care	\$3.40

REQUIRED (MANDATORY) COPAYMENT AMOUNTS FOR PERSONS RECEIVING TMA BENEFITS

Service	Copayment
Prescriptions	\$2.30
Physical, Occupational and speech therapies	\$3.00
Doctor or other provider outpatient office visits for evaluation and management of your care	\$4.00
Outpatient Non-Emergency or voluntary surgical procedures	\$3.00

****For comprehensive information see <https://azahcccs.gov/PlansProviders/RatesAndBilling/copayments.html>**

****Information is regulated by AHCCCS and subject to change**

