



CO-PAY REQUIREMENTS *(effective 4/1/2017)*

Covered Services	Co-Pay	
	Income less than or equal to 100% FPL	Income more than 100% FPL
Physician Office Visits (including Free-Standing Urgent Care Centers)	\$ 2	\$ 4
Outpatient Hospital Clinic Visit	\$ 1	\$ 4
Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> • Co-payment ONLY applies to non-emergency services • There is no co-payment for true emergency services 	\$ 3	\$ 8
Inpatient Hospital Stay (with the exception of emergent admissions)	\$ 50	\$ 100
Pharmacy	\$ 1 preferred \$ 3 non-preferred	\$ 4 preferred \$ 8 non-preferred
Chiropractic Visits	\$ 1	\$ 3
Dental Visits	\$ 3	\$ 4
Hearing Aids	\$ 3 per aid	\$ 3 per aid
Podiatric Visits	\$ 2	\$ 4
Vision Visits	\$ 2	\$ 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"> • Beneficiaries under age 21 • Individuals residing in a nursing facility • Individuals receiving hospice care • Native American Indians and Alaskan Natives consistent with Federal regulations at 42 CFR 447.56(a)(1)(x) • Beneficiaries dually eligible for Healthy Michigan Plan and Children’s Special Health Care Services 	<ul style="list-style-type: none"> • Emergency services • Family planning services • Pregnancy-related services • Preventive services • Federally Qualified Health Center, Rural Health Clinics, or Tribal Health Center services • Mental health specialty services and supports provided/paid through the Prepaid Inpatient Health Plan / Community Mental Health Services Program • Mental health services provided through state psychiatric hospitals, the state Developmental Disabilities Center, and the Center for Forensic Psychiatry • Services related to program-specific chronic conditions *

* A list of program-specific chronic conditions can be found online at www.michigan.gov/healthymichiganplan >> Healthy Michigan Plan Provider Information