Medicaid copay chart

Utah Department of
Health & Human Services
Integrated Healthcare

A copayment (copay) is the amount Medicaid members with Traditional Medicaid benefits may have to pay for some services.

The following Medicaid members do not have copays:

- Alaska Natives
- American Indians
- Members under the age of 18
- Members in the Cancer Program
- Members getting hospice care
- Pregnant members
- Targeted Adults Medicaid (TAM) members
- Members with Temporary Assistance to Needy Families (TANF)/Family Employment Program (FEP)

All other members, age18 or older, have the following copays:

Service	Copay
Emergency room (ER)	**$8** for non-emergency use of the ER
Inpatient hospital	**$75** for each inpatient hospital stay
Pharmacy	**$4** per prescription, no more than $20 total per month
Physician, urgent care, podiatry, physical therapy, and outpatient hospital services	**$4** per visit, no more than $100 total per year or up to 5% of income, whichever is less*
Vision services	**$4** per visit with an optometrist **$4** per visit with an ophthalmologist

Out-of-pocket maximum copays

- **Pharmacy:** no more than $20 total per month
- **Physician, urgent care, podiatry, physical therapy, and outpatient hospital services:** no more than $100 total per year* or up to 5% of income, whichever is less

*A copay year starts in January and goes through December.

You will not have a copay for:

- Dental services
- Family planning services
- Immunizations (shots)
- Outpatient mental health and substance use disorder services
- Preventive services
- Tobacco cessation services
- Nursing home stays
- Lab and radiology services

You might not have a copay if you have other insurance, including Medicare.
For more information, please refer to the Medicaid Member Guide. To request a guide, call 1-866-608-9422. Information is also on the Medicaid website at www.medicaid.utah.gov.

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