

Medicaid co-pay chart

A co-payment (co-pay) is the amount Medicaid members with Traditional Medicaid benefits may have to pay for some services.

The following Medicaid members do not have co-pays:

- Alaska Natives
- American Indians
- Members eligible for EPSDT
- Members in the Cancer Program
- Members on hospice care
- Pregnant members
- Targeted Adults Medicaid (TAM) members
- Members with Temporary Assistance to Needy Families (TANF)

All other members, over the age of 18, have the following co-pays:

Service	Co-pay
Emergency room (ER)	\$8 for non-emergent use of the ER
Inpatient hospital	\$75 for each inpatient hospital stay
Pharmacy	\$4 per prescription, no more than \$20 total per month
Physician visits, urgent care, podiatrist, and outpatient hospital services	\$4 per visit, no more than \$100 total per year or 5% of income, whichever is less*
Vision services	\$4 per visit with an optometrist

Out-of-pocket maximum

- Pharmacy: \$20 total per month
- Physician, urgent care, podiatrist, and outpatient hospital services: \$100 total per year or 5% of income, whichever is less*

*A co-pay year starts in January and goes through December.

You will not have a co-pay for:

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

You might not have a co-pay 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.