

Services	Limits	Medicaid Co-Pays	PeachCare for Kids (age 6 and up) Co-Pays
Ambulatory Surgical Services		\$3	\$3
Behavioral health services	<ul style="list-style-type: none"> • Younger than age 21 – up to 30 days are covered • Services in a state-operated mental hospital or institution for mental diseases are not covered • Age 21 and older – as medically necessary 	\$0	\$0
Dental services for Medicaid members under age 21 and PeachCare for Kids® members (Health Check)	Services include: <ul style="list-style-type: none"> • 2 exams each benefit year • 2 cleanings each benefit year • 2 fluoride treatments each benefit year • 1 filling per tooth • Dentures – 1 pair every 3 years • Denture repairs – 2 adjustments each benefit year • Oral surgery • Orthodontic treatment – when medically necessary and prior authorized 	\$0	\$0
Dental services for members over age 21	Services include: <ul style="list-style-type: none"> • Emergency and related dental services 	\$0	\$0
Dental services for pregnant members	Services include: <ul style="list-style-type: none"> • 2 exams • 2 fluoride treatments • 1 filling per tooth • Periodontal treatments- when medically necessary and prior authorized 	\$0	\$0
Durable medical equipment (DME)		\$0	\$2
Emergency services		\$0 (if an emergency) \$3 (if not an emergency)	\$0 (if an emergency) \$3 (if not an emergency)
Emergency transportation services		\$0	\$0

Family planning services and supplies		\$0	\$0
Federally Qualified Health Center (FQHC) services		\$2	\$2
Health Check services	Medicaid – ages 0 to 21 PeachCare for Kids® – ages 0 to 19	\$0	\$0
Hearing services for Medicaid members under age 21 and PeachCare for Kids® members (Health Check)	Services include: <ul style="list-style-type: none"> • Tests • Hearing aids – 1 every 3 years • Hearing aid fitting and dispensing • Hearing aid repairs and parts • Inner ear implants • Newborn hearing tests – based on medical necessity 	\$0	\$0
Home health services	Social, chore and hearing services, and Mealson-Wheels are not covered	\$0	\$0
Hospice services		\$0	\$0
IDEA (Individual Disability Education Act)	Ages 0 to 3 – as medically necessary	\$0	\$0
Inpatient hospital services	Psychiatric hospitalizations up to 30 days are covered (per treatment episode)	\$12.50 (unless admitted from an emergency room or transferred from another health facility)	\$12.50 (unless admitted from an emergency room or transferred from another health facility)
Lab and X-ray services		\$0	\$0
Nurse midwife services		\$0	\$0
Nurse practitioner services		\$0	\$0
Nursing facility services	Long-term nursing facility stays (more than 30 days) are not covered	\$0	\$0
Obstetrical services		\$0	\$0

Occupational therapy services	Younger than 21 – as medically necessary Age 21 and older – as medically necessary for short-term rehabilitation	\$0	\$0	
Orthopedic and prosthetic services	Braces, artificial limbs, artificial eyes, custom molded shoes and diabetic shoes only	\$3	\$3	
Oral surgery		\$2	Cost of Service \$10.00 or less \$10.01–\$25.00 \$25.01–\$50.00 More than \$50.01	Co-Pay \$.50 \$1 \$2 \$3
Outpatient hospital Services (non-emergency)		\$3 (nonemergency hospital visit)	\$3 (non-emergency hospital visit)	
Physical therapy services	Younger than age 21 – as medically necessary Age 21 and older – as medically necessary for short-term rehabilitation	\$2	\$2	
Physician services – PCP and specialist visits		\$0	\$2	
Podiatry services	Services for flatfoot, subluxation, routine foot care, supportive devices and vitamin B-12 injections are not covered	\$0	\$2	
Pregnancy-related services		\$0	\$0	
Prescription drugs	Pregnant women, nursing facility residents and hospice care members do not have co-pays		<ul style="list-style-type: none"> Preferred drugs – \$.50 Non-preferred drugs – co-pays are based on the cost of the drug as follows:	
			Cost of Drug \$10.00 or less \$10.01–\$25.00 \$25.01–\$50.00 More than \$50.01	Co-Pay \$.50 \$1 \$2 \$3
Private-duty nursing services		\$0	\$0	
Rural Health Clinic (RHC) services		\$2	\$2	

Speech therapy services	<ul style="list-style-type: none"> • Younger than age 21 – as medically necessary • Older than age 21 – as medically necessary for short-term rehabilitation 	\$0	\$0	
Substance abuse treatment services	Inpatient and rehabilitative services are covered as part of a written care plan	\$12.50	\$12.50	
Swing bed services		\$0	\$0	
Targeted case management	<p>Covered for:</p> <ul style="list-style-type: none"> • Pregnant women under age 21 and other pregnant women at risk for adverse outcomes • Infants and toddlers with established risk for developmental delay 	\$0	\$0	
Transplants – heart and lung	<ul style="list-style-type: none"> • Covered for members younger than age 21 • Kidney, liver, bone marrow and cornea are only covered transplants for age 21 and older 	\$0	\$0	
Vision services	<p>For Medicaid members under age 21 and PeachCare for Kids® members (Health Check), services include:</p> <ul style="list-style-type: none"> • 1 eye exam each year • 1 pair of glasses per year • 1 pair of lenses per year <p>For adults age 21 and older with chronic diseases (like diabetes):</p> <ul style="list-style-type: none"> • Vision exam • Emergency care 	\$0	<p>Cost of Service</p> <p>\$10.00 or less \$10.01–\$25.00 \$25.01–\$50.00 More than \$50.01</p>	<p>Co-Pay</p> <p>\$.50 \$1 \$2 \$3</p>