



Molina Healthcare of Wisconsin Copayment Schedule Effective 9-1-2012

Copays do not apply to Molina members who are pregnant if the physician is aware of the pregnancy. If a member is pregnant, she should contact her case worker as soon as possible and tell them she's pregnant.

Copays do not apply to Molina members who are 17 years old or younger.

Molina Healthcare Copay Sheet	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	Medicaid SSI	BadgerCare Plus Core Plan
OFFICE VISITS	Per visit means one charge per office call regardless of what is done.	Per visit means one charge per office call regardless of what is done.		
Podiatry Services	\$1 copay	\$15 copay per visit	no copay	no copay
Office Visit - PCP	\$1 copay	\$15 copay per visit	no copay	no copay
Office Visit - Specialist	\$1 copay	\$15 copay per visit	no copay	no copay
Office Surgery	\$1 copay	\$15 copay per visit	no copay	no copay
Urgent Care Services	no copay	\$15 copay per visit	no copay	no copay
Nurse Midwife Services	no copay	no copay	no copay	N/A
Nurse Practitioner Services	\$1 copay	\$15 copay per visit	no copay	no copay
Diagnostic XRay & Lab office location	\$1 copay	no copay	no copay	no copay
Immunizations	no copay	no copay	no copay	no copay
HealthChecks	no copay	no copay	no copay	no copay
Family Planning	no copay	no copay	no copay	not covered

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HOSPITAL SERVICES				
Emergency Room Services - Facility bill	no copay	\$60 per visit only if not admitted	no copay	no copay
Emergency Room Services - Professional bill	no copay	no copay	no copay	no copay
Outpatient Hospital Services - Facility bill	no copay	\$15 copay per visit	no copay	\$3 copay per visit (\$300 combined limit per enrollment year)
Outpatient Hospital Services - Professional bill	\$1 copay	no copay	no copay	no copay
Inpatient Hospital Services - Facility bill	no copay	\$100 copay per stay	no copay	\$3 copay per day, \$75 cap per stay (\$300 combined limit per enrollment year) (NO INPATIENT BEHAVIORAL HEALTH IS COVERED)
Inpatient Hospital Services - Professional bill	no copay	\$15 copay per visit	no copay	no copay (NO INPATIENT BEHAVIORAL HEALTH IS COVERED)
TRANSPORTATION				
Ambulance	no copay	\$50 copay per trip	no copay	no copay
Cab	no copay	as of 7/1/2010 no copay	no copay	Not covered but Molina Healthcare will pay for rides to and from their comprehensive physical exam. Once we have evidence that they received that exam we will pay for transportation for all other covered Medicaid services for that member in Milwaukee County only.
SMV	no copay	as of 7/1/2010 no copay	no copay	not covered

Molina Healthcare Copay Sheet	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	Medicaid SSI	BadgerCare Plus Core Plan
MISC SERVICES				
Ambulatory Surgery Services - facility bill	\$2 copay	\$15 copay per visit	no copay	no copay
Ambulatory Surgery Services - professional bill	no copay	no copay	no copay	no copay
Anesthesia	no copay	no copay	no copay	no copay
Cardiac Rehab (not included in 20 visit PT/OT/ST maximum)	no copay	\$15 copay per visit, 36 visits maximum per enrollment	no copay	no copay
Chemo or Radiation Therapy	no copay	\$15 copay per visit	no copay	no copay
Hearing Services & Supplies	no copay	as of 8/1/2010 for members 17 years and younger, \$15	no copay	not covered
Diagnostic XRay & Lab independent lab or professional	\$1 copay	no copay	no copay	no copay
Dialysis Facility	no copay	no copay	no copay	no copay
Disposable Medical Supplies	No copay for supplies covered by HMO. Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	No copay for supplies covered by HMO. Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	No copay for supplies covered by HMO. Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.	No copay for supplies covered by HMO. Some DMS items not covered by HMOs so copays may apply for certain people and/or for certain services if paid under FFS.
Durable Medical Equipment, Orthotics, Prosthesis	\$1 copay per item. Rental items are not subject to copay.	\$5 copay per item, \$2500 maximum per enrollment year. V5336 is not covered unless it is for an adaptive hearing aid.	no copay	no copay, \$2500 maximum per enrollment year.
Home Health Services	no copay	\$15 copay per visit, 60 visits per enrollment year.	no copay	no copay, covered for 30 contiguous days (limited to 100 visits) following an inpatient stay, w/auth

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MISC SERVICES (Continued)				
Personal Care Worker (PCW) services	no copay	not covered	no copay	not covered separately, see Home Health Services
Hospice Services	no copay	no copay, 360 visits lifetime max	no copay	no copay, w/auth
Home IV Therapy	no copay	see Home Health Services	no copay	not covered separately, see Home Health Services
Pharmacy Prescription Drugs	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.	Not covered by HMOs, so copays may apply for certain people and/or for certain services when paid under FFS.
Prenatal Services including PNCC	no copay	no copay	no copay	Prenatal services are not covered under the Core Plan.
Private Duty Nursing	no copay	not covered	no copay	not covered separately, see Home Health Services
PT, OT, ST therapy services - facility bill from home health agency	\$1 copay Copayment obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year. Copayments limits are calculated separately for each therapy discipline.	\$15 copay per visit, 20 visit (each type limit) per enrollment year	no copay	not covered separately, see Home Health Services
PT, OT, ST therapy services - facility bill from outpatient hospital	\$1 copay Copayment obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year. Copayments limits are calculated separately for each therapy discipline.	\$15 copay per visit, 20 visits (each type) per enrollment year	no copay	\$3 copay per visit (\$300 combined limit per enrollment year)

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MISC SERVICES (Continued)				
PT, OT, ST therapy services - professional bill	\$1 copay Copayment obligation limited	\$15 copay per visit, 20 visits (each type) per enrollment	no copay	no copay, 20 visits (each type) per enrollment year
Rehabilitation Inpatient or Outpatient	\$1 copay Outpatient only	see Inpatient and Outpatient hospital copays	no copay	see Inpatient and Outpatient hospital copays
Respiratory Therapy	no copay	\$15 copay per visit	no copay	no copay
Skilled Nursing Facility (SNF)	no copay	no copay, 30 days maximum	no copay	not covered *see below
Urgent Care Services	no copay	\$15 copay per visit	no copay	no copay
Dental Services	no copay Dental is only covered through Molina Healthcare in Milwaukee, Waukesha, Racine, Ozaukee, Washington and Kenosha Counties.	Only pregnant women and children under 19 have dental coverage. There are no copays. Children under 18 must meet \$200 deductible per enrollment year and have coverage of 50% of the maximum allowable for each service after that. Preventive and diagnostic services are not subject to the deductible but do have the 50% benefit.	no copay Dental is only covered through Molina Healthcare in Milwaukee, Waukesha, Racine, Ozaukee, Washington and Kenosha Counties.	ADA (American Dental Association) codes are not covered by HMOs under the Core Plan. Some dental services are covered but are under FFS.
Mental Health AODA Services	no copay	Copayment amounts: \$10 per day for day treatment, \$50 per stay for inpatient, \$15 per visit for narcotic treatment, \$15 per visit for outpatient mental health services, \$15 per visit for mental health services	no copay	Molina Healthcare is waiving copay in the office, outpatient hospital copays apply as listed above (same \$300 combined limit per enrollment year). Outpatient services (mental health or substance abuse) only covered by a psychiatrist. There IS NO INPATIENT coverage in any facility for behavioral health.
Vision Routine & Hardware	no copay	\$15 copay per visit, one eye exam every 2 years, eyeglasses and contact lenses not covered	no copay	not covered