

Co-Payments in the Premium Assistance Program

Co-Payment Obligations

Enrollees with incomes under 100% FPL

- No copayment obligations

Enrollees with incomes over 100% FPL

- Charged specific co-payments for certain services (see next slide for list of co-payments)
- For questions about your income level, please call DHHS at 844-275-3447.



Co-Payments for PAP Enrollees

- No matter which QHP an enrollee selects, the co-payments will be the same.

Limits on Costs Paid by Enrollees

- There is a limit to your costs each quarter of the year. How much you pay and the limit to your costs depends on your income.
- **PAP enrollees who are pregnant or who are American Indian or Alaskan Natives are exempt from copayments, no matter their income level.**
- To make sure that DHHS knows that you are either pregnant and/or American Indian/Alaskan Native, please contact DHHS at 844-275-3447 or go to www.nheasy.nh.gov

PAP Co-Payments Effective as of January 1, 2017

Service	Co-Pay
Primary Care Physician Visit for illness or injury	\$3
Specialty Physician Visit	\$8
Other Medical Professional Visit (e.g.: ARNP or PA)	\$3
Generic Prescription Drugs [Tier 1]	\$4
Non-Generic Prescription Drugs [Tier 2]*	\$8*
Behavioral Health and Substance Use Disorder Outpatient Visit	\$3
Behavioral Health and Substance Use Disorder Inpatient Admission	\$125
Hospital Inpatient Admission	\$125
High Tech Imaging (CT/PET Scans, MRIs)	\$35
Speech Therapy	\$8
Outpatient Laboratory and Professional Services	\$3
Physical Therapy/Occupational Therapy	\$3
Chiropractor Visit	\$3

*You may be eligible for a \$4 reimbursement for copayments made for specialty drugs and preferred brand drugs in this category. Please call Client Services at 603-271-9740 for information about reimbursement.

Copayment Tracking

Tracking Spending

- If you are required to make copayments under your plan, there is a limit to how much you have to pay per quarter (a quarter is every three months of the year).
- This means that the most you are required to pay for copayments during any quarter of the calendar year is \$147.
- Once you pay \$147 in copayments during that quarter, you don't have to pay any more copayments for the rest of the quarter. However, at the beginning of the next quarter, you will have to start paying copayments again until you pay a total of \$147 out of pocket.
- If you have receipts showing you paid more than \$147 in copayments during a quarter, you can be reimbursed for the overpayment. For information about how to request reimbursement, please call Client Services at: 603-271-9740.

How Quarters Are Counted

Quarter 1: January 1 - March 31;

Quarter 2: April 1 - June 30;

Quarter 3: July 1 - September 30; and

Quarter 4: October 1 - December 31