

General Appendix 5 Cost-Sharing for Participants

Service	All Kids Assist* 0%-147% (142% plus 5%)	All Kids Share* 148%-157%	All Kids Premium Level 1* 158%-209%	All Kids Premium Level 2* 210%-318% (313% plus 5%)	Moms and Babies/ Medicaid Presumptive Eligibility (MPE) 0%-209% (204% plus 5%)	ACA Adults 0%-138% (133% plus 5%)	Aid for the Aged, Blind or Disabled 0% - 100% (Resources - \$2,000 to \$3,000)	Health Benefits for Workers with Disabilities 100% - 350% (Resources to \$25,000)	Family Care and ACA Adults 0%-138% (133% plus 5%)	Breast and Cervical Cancer Program	Illinois Veterans Care
CPT Codes 99201 – 99215	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
CPT Codes 99241 – 99245	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
CPT Codes 90791 – 90911	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
CPT Codes 92002 – 92014	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
CPT Codes 98940 – 98943	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	Not Covered	Not Covered	Not Covered	Not Covered	\$0	Not Covered
T1015 (Medical or Dental Encounter)	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
T1015 (Behavioral Health Encounter)	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
Family Planning Services Billed with Modifier FP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restorative Dental Visits	\$0	\$3.90/visit	\$5.00/visit	\$10.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$3.90/visit	\$0	\$15.00/visit
Prescription Drugs (Per 30-day supply)	\$0	Brand \$3.90 Generic \$2	Brand \$5 Generic \$3	Brand \$7 Generic \$3	\$0	Brand \$3.90 Generic \$2	Brand \$3.90 Generic \$2	Brand \$3.90 Generic \$2	Brand \$3.90 Generic \$2	\$0	Brand \$14 Generic \$6
Over-The Counter (OTC) Medications	\$0	\$2.00/drug	\$3.00/drug	Not covered	\$0	\$2.00/drug	\$2.00/drug	\$2.00/drug	\$2.00/drug	\$0	Not Covered
Emergency Room Visit	\$0	\$0	\$5.00/visit	\$30.00/visit	\$0	\$0	\$0	\$0	\$0	\$0	\$50.00/visit
Emergency Room Visit for Non-emergent Service	\$0	\$0	\$25.00/visit	\$30.00/visit	\$0	\$3.90/visit	\$3.90/visit	\$3.90 per visit	\$3.90/visit	\$0	\$50.00/visit
Hospital Inpatient Services (Including substance abuse & mental health services)	\$0	\$3.90/day	\$5.00/day	\$100/ admission	\$0	\$3.90/day	\$3.90/day	\$3.90 per day	\$3.90/day	\$0	\$150/ admission
Hospital Outpatient Services	\$0	\$3.90/visit	\$5.00/visit	5% of HFS rate	\$0	\$0	\$0	\$0	\$0	\$0	10% of HFS rate
Annual Copayment Maximum	\$0	\$100 per family	\$100 per family	\$500 per child	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*No co-payment for Well-Child, Immunizations, Preventive Services, Diagnostic Services or Family Planning. Family planning related medical services require a co-pay for office visits. Claims for well child and family planning visits must be submitted with modifiers "EP" (EPSDT) or "FP" (Family Planning).

Note: Copayments are exempt for services for which Medicare is the primary payer.