

**State of New Hampshire
Department of Health and Human Services**

NH Medicaid and Premium Assistance Program Copay Schedule Effective January 1, 2017

If you or someone in your household is enrolled in NH Medicaid (Medicaid) or the Premium Assistance Program (PAP) and are subject to copayments , the following copayments apply:	
Copayments for those in Medicaid (Fee-for-Service and Managed Care)	
Copayment Amount	Prescribed Drugs
\$ 1.00	<ul style="list-style-type: none"> Preferred Drugs
\$ 2.00	<ul style="list-style-type: none"> Non-Preferred Drugs (Note: the co-payment will be \$1.00 if (a) the prescriber determines that a preferred drug will be less effective or will have adverse effects or both or (b) the drug is neither non-preferred or preferred.)
	<ul style="list-style-type: none"> Copays are not required for family planning products or for Clozaril (clozapine) prescriptions.
Copayments for those in the Premium Assistance Program	
Copayment Amount	Service (other than Prescribed Drugs)
\$ 3.00	<ul style="list-style-type: none"> Primary Care Provider Visit for illness or injury Other Medical Professional Visit (e.g., PA, APRN) Behavioral Health/Substance Use Disorder Outpatient Visit Physical Therapy Occupational Therapy Chiropractic Care Laboratory Outpatient and Professional Services
\$ 8.00	<ul style="list-style-type: none"> Physician Specialist Visit Speech Therapy
\$ 35.00	<ul style="list-style-type: none"> High Tech Radiology Imaging (CT/PET Scans, MRI's)
\$125.00	<ul style="list-style-type: none"> Behavioral Health and Substance Use Disorder Inpatient Admission Hospital Inpatient Admission
Copayment Amount	Prescribed Drugs
\$ 4.00	<ul style="list-style-type: none"> Generic prescription drugs [Tier 1]
\$ 8.00*	<ul style="list-style-type: none"> All other prescription drugs [Tier 2 and above] <p>*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 the number indicated below for information about reimbursement.</p>

If you are required to make copayments under your health plan, the most you are required to pay for copayments during any quarter of the calendar year is \$147 or 5% of your household income. This is your quarterly maximum out of pocket expense.

Once you have met your maximum out of pocket expense in any quarter, you can be reimbursed by the State for any amount you have paid over the maximum. At the beginning of each quarter, you have to start paying copayments again until you reach your maximum out-of-pocket expense. The quarters in each year are: January 1 - March 31, April 1 - June 30, July 1 - September 30 and October 1 - December 31.

If you have receipts showing that you paid more than \$147 or 5% of your household income 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.