

Department of Public Health
and Human Services

Section:
Benefits

HEALTHY MONTANA KIDS

Subject:
Co-payments

Supersedes: **New to HMK Manual**

General Rule -- A family will be responsible to pay co-payments when medical services are received unless one HMK-enrolled child is a Native American or an Alaska Native. Regardless of the family size, the maximum family co-payment responsibility is \$215 per benefit year (October 1 through September 30 of the following year).

NOTE: Co-payment responsibility is not based on a parent's race.

NOTE: A family's co-payment status will remain the same throughout a family span unless: 1) A HMK-enrolled child's race is updated to Native American or Alaska Native, or 2) a new family member is enrolled in HMK and he/she is Native American or an Alaska Native.

EXAMPLE 1: Laura and Pat are Caucasian and they adopt John, who is Native American. The family qualifies for HMK. Because John is Native American, the family is not responsible for co-payments.

EXAMPLE 2: In addition to John, Laura and Pat adopt April who is Hispanic. John joins the Army after graduating high school so he is no longer included in the family size. However, because the co-payment responsibility was established while he was included in the household size, the family continues to have no responsibility for a co-payment until the existing family span ends.

EXAMPLE 3: When Laura and Pat submit their renewal application (sans John), the family qualifies for HMK. Because April is not Native American, the family is responsible for co-payments.

CO-PAYMENTS NOT REQUIRED

Co-payments are not required for the following medical services:

1. well-baby or well-child care (including age appropriate immunizations);
2. pharmacy;
3. basic or extended dental plan services;
4. eyeglasses; and

5. extended mental health services.

**ID CARD
NOTATION**

Each HMK-enrolled child's identification (ID) card indicates whether a medical provider must collect a co-payment when service is provided.

**CO-PAYMENT
AMOUNTS**

Medical providers must collect the following co-payments for services rendered to a HMK-enrolled child:

1. \$25 per visit for inpatient hospital services;
2. \$5 per visit for emergency room visits;
3. \$5 per visit for outpatient hospital visits;
4. \$3 per visit for physician, mid-level practitioner, advanced-practice registered nurse, optometrist, audiologist, mental health professional (for services provided under the basic plan), or substance abuse counselor (for services provided under the basic plan).

**EXPLANATION
OF BENEFITS**

Blue Cross and Blue Shield of Montana (BCBSMT) indicates on each Explanation of Benefits (EOB) mailed to the family the amount of co-payments paid to date per HMK-enrolled child. It also indicates when the maximum family co-payment is met.

NOTE: When a family has paid more than \$215 in co-payments during the benefit year, they may submit receipts to HMK for co-payments paid and request a refund for payments exceeding \$215.

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