

<b>ACE copays list</b>	
<b>Service/Item</b>	<b>Copay</b>
Behavioral Health Visit	\$15 (Provided by the assigned PCP clinic & by a licensed staff member)
Chiropractic, Acupuncture, Physical Therapy, Speech Therapy, Occupational Therapy, Podiatry, Audiology, Respiratory Visits	\$15
DME and medical supplies, including prosthetics and orthotics	For items < = \$100: Copay is lower of cost or \$10 For items > \$100: Copay is \$20 CPAP/BIPAP machines: \$150 for each use
Emergency Care	\$75 (only covered at SMMC)
Emergency Dental Services	\$15
Emergency Oral Surgery/ Oral Surgery	\$100
Eyeglass frames	Cap of \$150
Eyeglasses	\$15
Home Health Care Services	\$5
Imaging (CT, PET, MRI)	CT - \$50 MRI - \$150
Lab	\$15
Other Practitioner Visit	\$15
Outpatient Drug Therapy Services	\$15
Outpatient Ancillary Procedures	\$150
Outpatient Surgery, Same Day Surgery	\$300
Primary Care MD Visit	\$15
Rx: generic, brand, non-preferred/specialty	\$7
Specialty Care MD Visit	\$20
Urgent Care	\$40 (only covered at SMMC)
Use of CPAP/Bipap Machine	\$150
X-Ray	\$25