

Important Plan Information



Member Handbook Update

Please read this with care and keep it with your member handbook. Effective June 1, 2023, the maximum copay for insulin is \$25 per prescription for a 30-day supply. Insulin means a prescription drug that contains insulin and is used to treat diabetes. The term does not include an insulin drug administered to a patient intravenously.

The following section is updated:

What are copays?

Copays are the amounts that a member has to pay for certain CHIP covered services. This is also known as cost sharing — the member shares the cost of some services. The amounts are based on family income and type of service.

These services don't have copays:

- Well-child or well-baby visits and immunizations (shots)
- Preventive care
- Pregnancy-related services
- Mental health or substance use disorder office visit
- Mental health or substance use disorder residential treatment service

Your child's Amerigroup ID card lists the copay amounts for your child. Show your child's member ID card when you visit a doctor or have a prescription filled. You don't have to show your child's member ID card to get emergency care. If the cost of a covered service is less than the copay amount, you won't pay any more than the cost of the covered service.

How much are they and when do I have to pay them?

The following table shows the CHIP copay, or cost-sharing, schedule according to family income and type of service. You must pay the copay amount at the time of service.

Please note: Enrollment fees and copays don't apply for CHIP Perinate Newborn members and CHIP members who are Native Americans or Alaskan Natives. If your child is a Native American or an Alaskan Native and the member ID card shows copay requirements, call Member Services to get a new member ID card with the correct information.

Copoly Amounts						
Federal Poverty Level	Office visits (non-preventive)	Non-emergency ER visits	Facility stay, inpatient (per admission)	Prescription generic drugs	Prescription brand drugs	Annual cost-sharing/copay caps
At or below 151%	\$5*	\$5	\$35*	\$0	\$5	5% cap of family annual gross income
Above 151%, up to and including 186%	\$20*	\$75	\$75*	\$10	\$25 for insulin, \$35 for all other drugs**	5% cap of family annual gross income
Above 186%, up to and including 201%	\$25*	\$75	\$125*	\$10	\$25 for insulin, \$35 for all other drugs**	5% cap of family annual gross income
<p>* There is no copay amount due for a mental health or substance use disorder office visit or residential treatment service.</p> <p>** Copays for insulin cannot exceed \$25 per prescription for a 30-day supply.</p>						

Do you have questions? Call Member Services toll-free at **800-600-4441 (TTY 711)**, Monday through Friday from 7 a.m. to 6 p.m. Central time.

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