

# Co-Payment/Discount Fee Schedule

Effective 10-01-08

**COPAY**  
JPS CONNECTION

**FEE SCHEDULE**  
JPS DISCOUNT PROGRAM

Inpatient Hospitalization	\$200 (\$100 ea add day)	20% Charges
Outpatient Surgery	\$200	20% Charges
Emergency Room Visit	\$100	20% Charges
Outpatient Visit - Primary Care	\$5	\$25
Outpatient Visit - Specialty Clinics	\$10	\$35
Main Street Urgent Care	\$5	\$35
Radiology Level I (includes services offered at CHC sites and second floor OPC) Included in clinic visit	\$0	\$0
Radiology Level II (Ultrasound, Bone Density, Mammography, Flouro)	\$25	20% Charges
Radiology Level III (Nuclear Med, MRI, CT, Sterotactic Breast)	\$100	20% Charges
Cardiac Cath, Angio	\$200	20% Charges
Lab Services I (routine chemistry and hematology) Included in clinic visit	\$0	\$0
Lab Services II (all other)	\$20	20% Charges
Lab Services III (Reference Lab, HIV,HEP)	\$50	20% Charges
Other testing/treatments Level I (EKG, refer to listing)	\$20	20% Charges
Other testing/treatments Level II (all other including infusion)	\$50	20% Charges
Prescription Drugs/Take Home	*\$5 / \$10 / \$v20	20% Charges

\*\$5 applies to top 50 generic medications for 30 day supply. 30 day supply of these generic medicines will not count as one of 5 medications allowed for JPS Connection Patients. The generic prescription program does not include 90 day supplies. A medication filled for 90 days will cost \$10 and will count toward the 5 prescriptions per month allowed for JPS Connection Patients. \$10 and \$20 copays apply to all other formulary medications.