

Health Plan Co-payment Chart – Cook County

| | All Kids Assist and Moms & Babies (White Card) | FamilyCare Assist (White Card) | All Kids Share & FamilyCare Share (Yellow Card) | All Kids Premium Level 1 & FamilyCare Premium (Yellow Card) |
|----------------------------|---|---|---|--|
| Illinois Health Connect | No Co-pays | \$2 Doctor Visit \$3 Brand Name Drugs \$0 Generic Drugs \$0 to \$3 per day Hospital Inpatient | No Co-pays for well-child visits or immunizations (shots) \$2 Doctor Visit \$2 Brand Name or Generic Drugs \$2 ER Visit \$2 Hospital Admission \$100 Maximum | No Co-pays for well-child visits or immunizations (shots) \$5 Doctor Visit \$5 Brand Name Drugs \$3 Generic Drugs \$2 ER Visit \$5 Hospital Admission \$100 Maximum |
| Harmony Health Plan | No Co-pays | No Co-pays | No Co-pays | No Co-pays |
| Family Health Network | No Co-pays | No Co-pays* | No Co-pays* | No Co-pays* |
| Meridian Health Plan | No Co-pays | No Co-pays* | No Co-pays* | No Co-pays* |

*** If a patient is required to pay a co-pay, patient must pay co-pay and submit receipt for reimbursement.**