

## Copayment Reference Guide

Some adult members will need to pay a small amount (copayment) for the following services. Copayments are fees that members must pay at the time of service.

<b>Service</b>	<b>Copayment</b>
Ambulatory surgery center (services per day).....	\$3.30
Chiropractor .....	\$1.15
Clinic visits .....	\$3.30
Home health .....	\$3.30
Inpatient hospital.....	\$25.00
Medical equipment or supplies.....	\$3.40
Office visits (doctor, nurse practitioner, licensed midwife) ....	\$3.30
Optometrist visits .....	\$3.30
Outpatient hospital.....	\$3.40
Podiatrist .....	\$1.15
Prescription drugs.....	\$3.40

Note: Durable medical equipment that is under a rent-to-purchase payment plan will have a \$3.40 copayment. This copayment will be split evenly over the 10-month rental payment schedule.

There are no copayments for the following members:

- Children under 19 years of age.
- Pregnant women.
- Members receiving emergency services.
- Well-child (Early and Periodic Screening, Diagnostic, and Treatment [EPSDT]) visits from birth through the month of the 21st birthday.
- Federally recognized Native Americans.

Please call Member Services at **1-888-276-2020** if you have questions.

## Notice of Non-Discrimination

First Choice by Select Health of South Carolina complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. First Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

First Choice provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact First Choice at **1-888-276-2020** (TTY **1-888-765-9586**). We are available Monday – Friday (8 a.m. – 9 p.m.) and Saturday – Sunday (8 a.m. – 6 p.m.).

If you believe that First Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance Supervisor First Choice Member Services  
P.O. Box 40849, Charleston, SC 29423-0849  
**1-888-276-2020** (TDD/TTY **1-888-765-9586**)  
Fax: **1-800-575-0419**
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, First Choice Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019** (TDD: **1-800-537-7697**)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language services

**English:** If your primary language is not English, language assistance services are available to you, free of charge. Call: **1-888-276-2020** (TTY: **1-888-765-9586**).

**Spanish:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-276-2020** (TTY: **1-888-765-9586**).

### Arabic:

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-276-2020** (رقم هاتف الصم والبكم: **1-888-765-9586**).

**Portuguese:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-276-2020** (TTY: **1-888-765-9586**).

**Russian:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-276-2020** (TTY: **1-888-765-9586**).

**Vietnamese:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-276-2020** (TTY: **1-888-765-9586**).

**Brazilian Portuguese:** Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame **1-888-276-2020** (TTY : **1-888-765-9586**).

**Chinese:** 如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-276-2020** (TTY: **1-888-765-9586**)。

**Falam:** Falam tawng thiam tu na si le tawng let nak asi mi **1-888-276-2020** (TTY: **1-888-765-9586**) ah tang ka pek tul lo in na ko thei.

**Hindi:** यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ उपलब्ध हैं। काल करें: **1-888-276-2020** (TTY: **1-888-765-9586**)।

**Korean:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-276-2020** (TTY: **1-888-765-9586**)번으로 전화해 주십시오.

**Chin:** Hakha holh a hmanngmi na si ahcun man lo in holh leh piaknak lei bawmchanh khawh na si. Auh khawhnak: **1-888-276-2020** (TTY: **1-888-765-9586**).

**French:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-276-2020** (ATS : **1-888-765-9586**).

### Karen:

နမ့်ကတိ ကညိ ကျိအယိ, နမန့် ကျိအတိမတလါ တလါဘျုးလါဘျုး နီတမံဘျုးသ့န့လိ. ကိ: **1-888-276-2020** (TTY: **1-888-765-9586**).

**Amharic:** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ **1-888-276-2020** (መስማት ለተሳናቸው: **1-888-765-9586**)።

**Burmese:** အကယ်၍ သင်သည်မြန်မာစကား ကို ပြောပါက ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-888-276-2020** (TTY: **1-888-765-9586**) သို့ ခေါ်ဆိုပါ။