

Sample Insurance Carrier Co-Pay Form

Type of Plan		Co-Pay Amounts	
Carrier	Individual Insurance Co-Pays for covered services	In-Network	Out-of-Network
Health Plans			
ABC Health Insurance Company	Prescription - Generic	\$20	\$40
ABC Health Insurance Company	Prescription - Formulary	\$30	\$60
ABC Health Insurance Company	Prescription - Non-Formulary	\$40	\$60
ABC Health Insurance Company	Office Visit Co-Pay	\$25	\$50
ABC Health Insurance Company	Preventative Care	\$0	\$100
ABC Health Insurance Company	In-Patient Hospital	\$100	\$300
ABC Health Insurance Company	Emergency Care	\$150	\$300
ZZZ Healthcare Co.	Prescription - Generic	\$10	\$20
ZZZ Healthcare Co.	Prescription - Formulary	\$20	\$40
ZZZ Healthcare Co.	Prescription - Non-Formulary	\$30	\$60
ZZZ Healthcare Co.	Office Visit Co-Pay	\$20	\$50
ZZZ Healthcare Co.	Preventative Care	\$0	\$100
ZZZ Healthcare Co.	In-Patient Hospital	\$100	\$300
ZZZ Healthcare Co.	Emergency Care	\$150	\$300
Dental Plans			
XYZ Dental Insurance Company	Routine Exams	\$25	\$50
XYZ Dental Insurance Company	Fillings	\$100	N/A
XYZ Dental Insurance Company	Crowns/Bridges	\$100	N/A
Vision Plans			
123 Vision Insurance Company	Routine Exams	\$25	\$50
123 Vision Insurance Company	Eyeglasses	\$100	N/A
123 Vision Insurance Company	Contact Lenses	\$100	N/A