

APPENDIX G: HEALTH PROGRAM OF ALAMEDA COUNTY LIABILITY SCHEDULE

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
ALAMEDA HEALTH SYSTEM / COMMUNITY BASED ORGANIZATION
HEALTH PROGRAM OF ALAMEDA COUNTY (HealthPAC) LIABILITY SCHEDULE
Effective 3/17/2022

% OF POVERTY LEVEL	HealthPAC CO-PAYMENT					***MAXIMUM GROSS MONTHLY INCOME (IN US DOLLARS) PER FAMILY SIZE***										FOR EACH ADD'L MEMBER ADD:
	Emergency Co-Pay	Inpatient Co-Pay	Outpatient Co-Pay	Pharmacy Co-Pay ¹	Special Procedure ² Co-Pay	1	2	3	4	5	6	7	8	9	10	
0-138%	\$0	\$0	\$0	\$0	\$0	1,564	2,106	2,650	3,192	3,735	4,278	4,821	5,363	5,907	6,449	544
138.01 - 150%	\$35	\$100	\$10	\$5	\$100	1,701	2,289	2,880	3,471	4,059	4,651	5,241	5,829	6,420	7,011	591
150.01 - 200%	\$50	\$100	\$15	\$5	\$100	2,266	3,052	3,840	4,626	5,412	6,201	6,986	7,772	8,560	9,346	788
Over 200%	PATIENTS WHOSE GROSS MONTHLY INCOME IS OVER 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ARE NOT ELIGIBLE FOR HEALTHPAC AND SHALL BE CONSIDERED SELF PAY.															

¹Pharmacy charge \$5 per prescription drug with \$50 per visit maximum.

²Examples of special procedures include:

- bronchoscopy
- cat scans
- cholecystectomy
- colonoscopy
- EMG (electromyography)
- endoscopy
- holter monitor
- hysteroscopy
- implantation of pumps
- pacemakers
- stimulators or other devices
- IV infusion/chemotherapy (co-pay to cover duration of treatment plan)
- laparoscopy
- MRI (Magnetic Resonance Imaging)
- myelography
- nuclear med
- thoracscopy
- venous/arterial catheter placement

³An urgent care visit is charged the same as an outpatient visit.

Routine labs and x-rays are not accessed a co-pay.