

Cost Information

Average Cost Per Visit*

Service Type	HHW / CHIP / HCC	HIP
PMP Sick Visit	\$16.64 - \$164.04	\$8.42 - \$207.26
PMP Annual / Routine	\$71.24 - \$109.50	\$92.61 - \$142.35
PMP Visit: Hospital Inpatient	\$28.43 - \$158.09	\$46.92 - \$199.01
Hospital Emergency Room	\$30.00 - \$150.00	\$22.00 - \$175.00
Urgent Care	\$18.43 - \$117.84	\$20.48 - \$175.00
Specialist Visit	\$16.64 - \$164.04	\$8.42 - \$207.26
Laboratory	\$1.01 - \$3,873.00	\$3.24 - \$3,873.00
X-Rays	\$2.00 - \$1,367.04	\$2.67 - \$1,710.56
Vision Appointment	\$14.67 - \$108.04	\$19.07 - \$132.02
Mental / Behavioral Health Visit	\$7.29 - \$439.56	\$8.51 - \$571.43
Ambulance Transportation	\$1.00 - \$4,003.15	\$7.69 - \$5,242.84
Birth: Normal Delivery, Inpatient Hospital and	\$2,100.00 - \$3,000.00	\$2,300.00 - \$3,500.00
Birth: Normal Delivery, Inpatient Hospital and Physician	\$2,100.00 - \$3,000.00	\$2,300.00 - \$3,500.00

PMP = Primary Medical Provider HHW = Hoosier Healthwise CHIP = Children's Health Insurance Program HCC = Hoosier Care Connect HIP = Healthy Indiana Plan

*These fees are subject to change as the fee schedule is updated regularly.



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