

## 2020 Overview of Medical Assistance (MA) Benefit Cost Sharing for Minnesota Health Care Programs (MHCP)

For members on the following Medica plans:  
Medica AccessAbility Solution® (SNBC), Medica AccessAbility Solution® Enhanced (SNBC SNP),  
Medica DUAL Solution® (MSHO), or Medica Choice Care<sup>SM</sup> MSC+ (MSC+)

**Cost sharing:** The amount that members may be responsible to pay toward covered services. Cost sharing amounts include deductibles and copayments (copays).

**Choice Care MSC+ (MSC+):**

Enrollees will pay no more than 5 percent of monthly family income for cost-sharing cap. This may reduce the copay amounts a member owes in a month. The Minnesota Department of Human Services (DHS) tells health plans each month if a member has a reduced cost-sharing amount.

**AccessAbility Solution (SNBC):**

Cost sharing is waived by Medica.

**AccessAbility Solution Enhanced (SNBC SNP), DUAL Solution (MSHO):**

Cost sharing waived by Medica except for Part D cost sharing.

**Family deductible:**

Medical Assistance members have a family deductible; Medica waives the family deductible for all MHCP members.

**No copay for MA antipsychotic drugs:** No MHCP products have copays for MA covered antipsychotic drugs; if the member has Medicare, copays apply for Part D covered antipsychotic drugs.

**Medica AccessAbility Solution® - for Special Needs BasicCare (SNBC) enrollees (under 65 years of age)**

<b>MHCP Plan - SNBC (Medica Group Numbers)</b>	<b>Non-Preventive Office Visit</b>	<b>Urgent Care</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>	<b>Prescription</b>	<b>Eyewear</b>	<b>Diagnostic</b>
<b>SNBC without Medicare</b>  (05053, 05054, 05055, 05056)	No copay	No copay	No copay	No copay	No copay	Full Rx coverage through Medica  No copay	No copay	No copay
<b>SNBC with non-integrated Medicare</b>  (05063, 05064, 05065, 05066)	No copay	No copay	No copay	No copay	No copay	No coverage for Part D Rx  Rx covered by Medical Assistance but not Part D are covered with no copay	No copay	No copay

**Prescription Drug Coverage for AccessAbility Solution Enhanced (SNBC SNP):** If a member on SNBC SNP qualifies for extra help paying for their prescription drug coverage, they will get a Low Income Subsidy (LIS) rider. This means that a member will get help paying their monthly premium and prescription drug cost-sharing. Medica offers coverage of some supplemental prescription drugs not normally covered in a Medicare Prescription Drug Plan. These drugs are covered through Medical Assistance (Medicaid); there are no copays for these drugs.

Medica AccessAbility Solution® Enhanced - for Special Needs BasicCare (SNBC SNP) enrollees (under 65 years of age)								
MHCP Plan (Medica Group Numbers)	Non- Preventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
All SNBC SNP (08000-08999)	No copay	No copay	No copay	No copay	No copay	Coverage for Part D Rx:  <b>LIS Level 1:</b> \$3.60 for generic, \$8.95 for other  <b>LIS Level 2:</b> \$1.30 for generic, \$3.90 for other  <b>LIS Level 3:</b> \$0 copay  No copay for Medical Assistance Rxs	No copay	No copay

**Copay exceptions for Choice Care MSC+ (MSC+):** enrollees in an institution > 30 days, hospice care, pregnant women, emergency services, family planning, services paid for by Medicare for which MA pays the coinsurance and deductible, copayments that exceed one per day provider for non-preventive visits and non-emergency visits to a hospital-based ER, chemical dependency treatment services, nursing facility stay > than 30 days, American Indians who receive services from an Indian Health Care Provider or through IHS CHS referral from an IHS facility, and preventive services including: (1) services with a rating of A or B from the United States Preventive Services Task Force, which includes tobacco use counseling and interventions (smoking cessation) services; (2) immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and (3) preventive services and screenings provided to women as described in Code of Federal Regulations, title 45, § 147.130

Medica Choice Care <sup>SM</sup> MSC+ - for Minnesota Senior Care Plus (MSC+) enrollees (Age 65+)								
MHCP Plan (Medica Group Numbers)	Non- Preventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
<b>MSC+ Medical Assistance for nursing home residents <u>with Medicare</u> coverage</b>  (59165, 59665)	\$3 copay  No copay after 30 days in a nursing home  No copay for mental health services	\$3 copay  No copay after 30 days in a nursing home	No copay	\$3.50 copay  No copay after 30 days in a nursing home	No copay	No coverage for Part D Rx  Rx covered by Medical Assistance but not Part D are covered with no copay after 30 days in a nursing home  \$3 brand/\$1 generic copay  Maximum Rx out-of-pocket is \$12 per month  No copay for anti-psychotics	No copay	\$3 copay  No copay after 30 days in a nursing home

**Medica Choice Care<sup>SM</sup> MSC+ - for Minnesota Senior Care Plus (MSC+) enrollees (Age 65+)**

<b>MHCP Plan (Medica Group Numbers)</b>	<b>Non- Preventive Office Visit</b>	<b>Urgent Care</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>	<b>Prescription</b>	<b>Eyewear</b>	<b>Diagnostic</b>
<b>MSC+ Medical Assistance for nursing home residents <u>without</u> <u>Medicare</u> coverage</b>  (59167, 59197, 59667, 59697)	\$3 copay  No copay after 30 days in a nursing home  No copay for mental health services	\$3 copay  No copay after 30 days in a nursing home	No copay	\$3.50 copay  No copay after 30 days in a nursing home	No copay	Full Rx coverage through Medica \$3 brand/\$1 generic copay  Maximum Rx out-of-pocket is \$12 per month  No copay for anti-psychotics	No copay	\$3 copay  No copay after 30 days in a nursing home
<b>MSC+ Medical Assistance for community seniors <u>with Medicare</u> coverage &amp; \$0 Cost Share</b>  (59169, 59179)	No copay	No copay	No copay	No copay	No copay	No coverage for Part D Rx  Rx covered by Medical Assistance but not Part D are covered with no copay  No copay for anti-psychotics	No copay	No copay
<b>MSC+ Medical Assistance for community seniors <u>without Medicare</u> coverage &amp; \$0 Cost Share</b>  (59166, 59666, 59168, 59668)	No copay	No copay	No copay	No copay	No copay	Full coverage through Medica  No copay	No copay	No copay

**Medica Choice Care<sup>SM</sup> MSC+ - for Minnesota Senior Care Plus (MSC+) enrollees (Age 65+)**

MHCP Plan (Medica Group Numbers)	Non- Preventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
<b>MSC+ Medical Assistance for community seniors with Medicare coverage</b>  (59180, 59680)	\$3 copay unless Medicare pays first  No copay for mental health services	\$3 copay unless Medicare pays first	No copay	\$3.50 copay	No copay	No coverage for Part D Rx  Rx covered by Medical Assistance but not Part D are covered  \$3 brand/\$1 generic copays  Maximum Rx out-of-pocket is \$12 per month  No copay for anti-psychotics	No copay	\$3 copay unless Medicare pays first
<b>MSC+ Medical Assistance for community seniors without Medicare coverage</b>  (59181, 59191, 59681, 59691)	\$3 copay	\$3 copay	No copay	\$3.50 copay	No copay	Full Rx coverage through Medica  \$3 brand/\$1 generic copays  Maximum Rx out-of-pocket is \$12 per month  No copay for anti-psychotics	No copay	\$3 copay

**Prescription Drug Coverage for DUAL Solution (MSHO):** If a member on MSHO qualifies for extra help paying for their prescription drug coverage, they will get a Low Income Subsidy (LIS) rider. This means that a member will get help paying their monthly premium and prescription drug cost-sharing. Medica offers coverage of some supplemental prescription drugs not normally covered in a Medicare Prescription Drug Plan. These drugs are covered through Medical Assistance (Medicaid); there are no copays for these drugs.

Medica DUAL Solution <sup>®</sup> - for Minnesota Senior Health Options (MSHO) enrollees								
MHCP Plan (Medica Group Numbers)	Non- Preventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
All MSHO (07000-07999)	No copay	No copay	No copay	No copay	No copay	Coverage for Part D Rx:  <b>LIS Level 1:</b> \$3.60 for generic, \$8.95 for other  <b>LIS Level 2:</b> \$1.30 for generic, \$3.90 for other  <b>LIS Level 3:</b> \$0 copay  No copay for Medical Assistance Rxs	No copay	No copay

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