



## 2022 Overview of Medical Assistance (MA) Benefit Cost Sharing for Minnesota Health Care Programs (MHCP)

For members on the following Medica plans:

**Medica AccessAbility Solution<sup>®</sup>** (SNBC)

**Medica AccessAbility Solution<sup>®</sup> Enhanced** (SNBC SNP)

**Medica Choice Care<sup>SM</sup> Families and Children** (PMAP)

**Medica Choice Care<sup>SM</sup> MSC+** (MSC+)

**Medica DUAL Solution<sup>®</sup>** (MSHO)

**Medica MinnesotaCare** (MinnesotaCare)

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

**Medica Choice Care MSC+** (Minnesota Senior Care Plus, or MSC+), **Medica Choice Care PMAP** (Prepaid Medical Assistance Program, or PMAP): Members 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.

**Medica AccessAbility Solution** (Special Needs BasicCare, or SNBC): Cost sharing is waived by Medica.

**Medica AccessAbility Solution Enhanced** (SNBC Special Needs Plan, or SNBC SNP), **Medica DUAL Solution** (Minnesota Senior Health Options, or MSHO): Cost sharing waived by Medica except for Part D cost sharing.

**Medica MinnesotaCare:** Members pay cost sharing for a range of covered services.

**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® - Special Needs BasicCare (SNBC) enrollees (18-64 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>Medica 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>Medica 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 an SNBC SNP member qualifies for extra help paying for their Part D drug coverage, they will get a Low Income Subsidy (LIS) rider. This means they will get help paying their monthly Part D premium and Part D drug cost-sharing. Medica offers coverage of some additional prescription and over the counter drugs not covered by Part D. These drugs are covered through Medical Assistance (Medicaid); there are no copays for these drugs.

<b>Medica AccessAbility Solution® Enhanced -Special Needs BasicCare (SNBC SNP) enrollees (18-64 years of age)</b>								
<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>All Medica SNBC SNP (08000-08999)</b>	No copay	No copay	No copay	No copay	No copay	Coverage for Part D Rx:  <b>LIS Level 1:</b> \$3.95 for generic, \$9.85 for other  <b>LIS Level 2:</b> \$1.35 for generic, \$4.00 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+):** The following member do not have copays: Members receiving hospice care, Members residing in a nursing home, hospital, or other long-term care facility for more than 30 days, American Indians who receive or have ever received a service(s) from an Indian Health Care Provider, or through Indian Health Service Contract Health Services (IHS CHS) referral from an IHS facility | The following services do not have copays: Dental services, Emergency services, Eyeglasses, Family planning services and supplies, Home care, Immunizations, Inpatient hospital stays, Interpreter services, Medical equipment and supplies, Medical transportation, Mental health services, Preventive care visits, such as physicals, Rehabilitation therapies, Repair of eyeglasses, Services covered by Medicare, except for Medicare Part D drugs, Some mental health drugs (antipsychotics), Some preventive screenings and counseling, such as cervical cancer screenings and nutritional counseling, Substance use disorder treatment, Tests such as blood work and X-rays, Tobacco use counseling and interventions, 100% federally funded services at Indian Health Services clinics

Medica Choice Care <sup>SM</sup> MSC+ -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>Medica MSC+ Medical Assistance for nursing home residents <u>with Medicare coverage</u></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+ -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>Medica MSC+ Medical Assistance for nursing home residents <u>without Medicare coverage</u></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>Medica MSC+ Medical Assistance for community seniors <u>with Medicare coverage &amp; \$0 Cost Share</u></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>Medica MSC+ Medical Assistance for community seniors <u>without Medicare coverage &amp; \$0 Cost Share</u></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+ -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>Medica MSC+ Medical Assistance for community seniors <u>with Medicare coverage</u></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>Medica MSC+ Medical Assistance for community seniors <u>without Medicare coverage</u></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

**Copay exceptions for Choice Care Families and Children (PMAP):** Members in the following list do not have copays: Pregnant women (if you become pregnant, tell your county worker right away.), Members under age 21, Members receiving hospice care, Members residing in a nursing home, hospital, or other long-term care facility for more than 30 days, American Indians who receive or have ever received a service(s) from an Indian Health Care Provider, or through Indian Health Service Contract Health Services (IHS CHS) referral from an IHS facility | The following services do not have copays: Dental services, Emergency services, Eyeglasses, Family planning services and supplies, Home care, Immunizations, Inpatient hospital stays, Interpreter services, Medical equipment and supplies, Medical transportation, Mental health services, Preventive care visits, such as physicals, Rehabilitation therapies, Repair of eyeglasses, Services covered by Medicare, except for Medicare Part D drugs, Some mental health drugs (antipsychotics), Some preventive screenings and counseling, such as cervical cancer screenings and nutritional counseling, Substance use disorder treatment, Tests such as blood work and X-rays, Tobacco use counseling and interventions, 100% federally funded services at Indian Health Services clinics

<b>Medica Choice Care<sup>SM</sup> Families and Children -Prepaid Medical Assistance Program (PMAP) enrollees (Age 0-64)</b>								
<b>MHCP Plan (Medica Plan ID)</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>Medica Families and Children (PMAP)</b> (A00500)	\$3 copay  No copay for mental health services	\$3 copay	No copay	No Copay  \$3.50 copay when visit is not an emergency	No copay	\$3 brand/\$1 generic copay  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 an MSHO member qualifies for extra help paying for their Part D drug coverage, they will get a Low Income Subsidy (LIS) rider. This means they will get help paying their monthly Part D premium and Part D drug cost-sharing. Medica offers coverage of some additional prescription and over the counter drugs not covered by Part D. These drugs are covered through Medical Assistance (Medicaid); there are no copays for these drugs.

Medica DUAL Solution <sup>®</sup> -Minnesota Senior Health Options (MSHO) enrollees (Age 65+)								
MHCP Plan (Medica Group Numbers)	Non- Preventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
All Medica MSHO (07000-07999)	No copay	No copay	No copay	No copay	No copay	Coverage for Part D Rx:  <b>LIS Level 1:</b> \$3.95 for generic, \$9.85 for other  <b>LIS Level 2:</b> \$1.35 for generic, \$4.00 for other  <b>LIS Level 3:</b> \$0 copay  No copay for Medical Assistance Rxs	No copay	No copay



**Copay exceptions for MinnesotaCare:** The following members do not have copays: American Indians enrolled in a federally recognized tribe, Children under age 21 | The following services do not have copays: Preventative and diagnostic dental care, Family planning services and supplies, Home care, Immunizations, Interpreter services, Medical equipment and supplies, Mental health services, Preventive care visits, such as physicals, Rehabilitation therapies, Repair of eyeglasses, Some preventive screenings and counseling, such as cervical cancer screenings and nutritional counseling, Some mental health drugs (antipsychotics), Substance use disorder treatment, Tests such as blood work , Tobacco use counseling and interventions, 100% federally funded services at Indian Health Services clinics

<b>Medica MinnesotaCare -MinnesotaCare (MNCare) enrollees (Age 0-64)</b>					
<b>MHCP Plan (Medica Plan ID)</b>	<b>Non-Preventive Office Visit</b>	<b>Ambulatory Surgery</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>
<b>Medica MinnesotaCare (A00500)</b>	\$25	\$100 per surgery	\$250 per admission	\$75	\$100 per surgery
	<b>Prescription</b>	<b>Eyewear</b>	<b>Radiology</b>	<b>Non-Routine Dental Services</b>	<b>Durable Medical Equipment</b>
	\$7 for generic, \$25 for other  Maximum Rx out-of-pocket is \$70 per month  No copay for antipsychotics	\$25	\$40	\$15	10% coinsurance