



## 2023 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> MSC+** (MSC+)

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

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

**Medica MinnesotaCare** (MNCare)

**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 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 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 MinnesotaCare (MNCare):**

Members pay cost sharing for specified covered services to maintain the actuarial value of MNCare at 94 percent.

**Family deductible:** Medical Assistance adult Enrollees have a monthly family deductible; Medica waives this 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 (Age 18-64)**

| <b>MHCP Plan - SNBC<br/>(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><br><br>(05053, 05054, 05055, 05056, 05059)             | No copay                           | No copay           | No copay                  | No copay              | No copay                   | Full Rx coverage through Medica<br><br>No copay  | No copay       | No copay          |
| <b>Medica SNBC with non-integrated Medicare</b><br><br>(05063, 05064, 05065, 05066, 05069) | No copay                           | No copay           | No copay                  | No copay              | No copay                   | No coverage for Part D Rx<br><br>Rx covered by Medical Assistance and Part D non-covered have no copay | No copay       | No copay          |

**Prescription Drug Coverage for AccessAbility Solution Enhanced (SNBC SNP):** If a 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.

| Medica AccessAbility Solution® Enhanced -Special Needs BasicCare (SNBC SNP) enrollees (Age 18-64) |                                    |             |                       |                   |                        |   |          |            |
|---|------------------------------------|-------------|-----------------------|-------------------|------------------------|---|----------|------------|
| MHCP Plan<br>(Medica Group<br>Numbers)  | Non-<br>Preventive<br>Office Visit | Urgent Care | Inpatient<br>Hospital | Emergency<br>Room | Outpatient<br>Hospital | Prescription  | Eyewear  | Diagnostic |
| All Medica SNBC SNP<br>(08000-08999)  | No copay                           | No copay    | No copay              | No copay          | No copay               | Coverage for<br>Part D Rx:<br><br><b>LIS Level 1:</b><br>\$4.15 for<br>generic, \$10.35<br>for brand<br><br><b>LIS Level 2:</b><br>\$1.45 for<br>generic, \$4.30<br>for brand<br><br><b>LIS Level 3:</b><br>\$0 copay<br><br>No copay for<br>Medical<br>Assistance Rx | No copay | No copay   |

**Copay exceptions for Choice Care MSC+:** The following members 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; and 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; and 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<br>(Medica Group<br>Numbers)   | Non-<br>Preventive<br>Office Visit   | Urgent Care   | Inpatient<br>Hospital | Emergency<br>Room  | Outpatient<br>Hospital | Prescription  | Eyewear  | Diagnostic  |
| <b>Medica MSC+ Medical Assistance for nursing home residents <u>with Medicare coverage</u></b><br><br>(59165, 59665) | \$3 copay<br><br>No copay after 30 days in a nursing home<br><br>No copay for mental health services | \$3 copay<br><br>No copay after 30 days in a nursing home | No copay              | \$3.50 copay<br><br>No copay after 30 days in a nursing home | No copay               | No coverage for Part D Rx<br><br>Rx covered by Medical Assistance and Part D non-covered have no copay after 30 days in a nursing home<br><br>\$3 brand/\$1 generic copay<br><br>Maximum Rx out-of-pocket is \$12 per month<br><br>No copay for anti-psychotics | No copay | \$3 copay<br><br>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<br/>(Medica Group<br/>Numbers)</b>   | <b>Non-<br/>Preventive<br/>Office Visit</b>  | <b>Urgent Care</b>  | <b>Inpatient<br/>Hospital</b> | <b>Emergency<br/>Room</b>                                    | <b>Outpatient<br/>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><br><br>(59167, 59197, 59667, 59697)                 | \$3 copay<br><br>No copay after 30 days in a nursing home<br><br>No copay for mental health services | \$3 copay<br><br>No copay after 30 days in a nursing home | No copay                      | \$3.50 copay<br><br>No copay after 30 days in a nursing home | No copay                       | Full Rx coverage through Medica \$3 brand/\$1 generic copay<br><br>Maximum Rx out-of-pocket is \$12 per month<br><br>No copay for anti-psychotics | No copay       | \$3 copay<br><br>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><br><br>(59169, 59179)                  | No copay   | No copay  | No copay                      | No copay   | No copay                       | No coverage for Part D Rx<br><br>Rx covered by Medical Assistance and Part D non-covered have no copay<br><br>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><br><br>(59166, 59666, 59168, 59668) | No copay   | No copay  | No copay                      | No copay   | No copay                       | Full coverage through Medica<br><br>No copay  | No copay       | No copay  |

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

| <b>MHCP Plan<br/>(Medica Group<br/>Numbers)</b>  | <b>Non-<br/>Preventive<br/>Office Visit</b>                                     | <b>Urgent Care</b>                   | <b>Inpatient<br/>Hospital</b> | <b>Emergency<br/>Room</b> | <b>Outpatient<br/>Hospital</b> | <b>Prescription</b>  | <b>Eyewear</b> | <b>Diagnostic</b>                    |
|--|---|--------------------------------------|-------------------------------|---------------------------|--------------------------------|--|----------------|--------------------------------------|
| <b>Medica MSC+ Medical Assistance for community seniors <u>with Medicare coverage</u></b><br><br>(59180, 59680)                  | \$3 copay unless Medicare pays first<br><br>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<br><br>Rx covered by Medical Assistance and Part D non-covered have no copay<br><br>\$3 brand/\$1 generic copays<br><br>Maximum Rx out-of-pocket is \$12 per month<br><br>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><br><br>(59181, 59191, 59681, 59691) | \$3 copay   | \$3 copay                            | No copay                      | \$3.50 copay              | No copay                       | Full Rx coverage through Medica<br><br>\$3 brand/\$1 generic copays<br><br>Maximum Rx out-of-pocket is \$12 per month<br><br>No copay for anti-psychotics  | No copay       | \$3 copay                            |

**Copay exceptions for Choice Care PMAP:** The following members do not have copays: Pregnant women (a member who becomes pregnant should tell their 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; and 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; and 100% federally funded services at Indian Health Services clinics.

| Medica Choice Care <sup>SM</sup> PMAP -Families and Children enrollees (Age 0-64) |  |             |                       |   |                        |   |          |            |
|---|--|-------------|-----------------------|---|------------------------|---|----------|------------|
| MHCP Plan<br>(Medica Plan ID)   | Non-Preventive<br>Office Visit                       | Urgent Care | Inpatient<br>Hospital | Emergency<br>Room   | Outpatient<br>Hospital | Prescription  | Eyewear  | Diagnostic |
| <b>Medica Families and Children (PMAP)</b><br><br>(A00500_001 – A00500_004)       | \$3 copay<br><br>No copay for mental health services | \$3 copay   | No copay              | No Copay<br><br>\$3.50 copay when visit is not an emergency | No copay               | \$3 brand/\$1 generic copay<br><br>Maximum Rx out-of-pocket is \$12 per month<br><br>No copay for anti-psychotics | No copay | \$3 copay  |

**Prescription Drug Coverage for DUAL Solution (MSHO):** If a 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<br>(Medica Group<br>Numbers)  | Non-<br>Preventive<br>Office Visit | Urgent Care | Inpatient<br>Hospital | Emergency<br>Room | Outpatient<br>Hospital | Prescription  | Eyewear  | Diagnostic |
| All Medica MSHO<br>(07000-07999)  | No copay                           | No copay    | No copay              | No copay          | No copay               | Coverage for<br>Part D Rx:<br><br><b>LIS Level 1:</b><br>\$4.15 for<br>generic, \$10.35<br>for brand<br><br><b>LIS Level 2:</b><br>\$1.45 for<br>generic, \$4.30<br>for brand<br><br><b>LIS Level 3:</b><br>\$0 copay<br><br>No copay for<br>Medical<br>Assistance Rx | No copay | No copay   |



**Copay exceptions for MinnesotaCare:** The following members do not have copays: American Indians enrolled in a federally recognized tribe; and children under age 21. The following services do not have copays: Preventive 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; and 100% federally funded services at Indian Health Services clinics.

| <b>Medica MinnesotaCare -MinnesotaCare (MNCare) enrollees (Age 0-64)</b> |   |   |                           |  |                                      |
|--|---|---|---------------------------|--|--------------------------------------|
| <b>MHCP Plan<br/>(Medica Plan ID)</b>                                    | <b>Non-Preventive Office<br/>Visit</b>  | <b>Ambulatory Surgery</b>               | <b>Inpatient Hospital</b> | <b>Emergency Room</b>                  | <b>Outpatient Hospital</b>           |
| <b>Medica MinnesotaCare</b><br><br>(A00500_005 –<br>A00500_007)          | \$30  | \$0 per surgery                         | \$250 per admission       | \$100                                  | \$0 per surgery                      |
|  | <b>Prescription</b>   | <b>Eyewear</b>                          | <b>Radiology</b>          | <b>Non-Routine Dental<br/>Services</b> | <b>Durable Medical<br/>Equipment</b> |
|  | \$10 for generic, \$35 for brand<br><br>Maximum Rx out-of-pocket is \$70 per month<br><br>No copay for antipsychotics | \$25 (collected by dispensing provider) | \$45                      | \$15                                   | 0% coinsurance                       |