



## 2024 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** (I-SNBC)

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

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

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

**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 Choice Care MSC+** (Minnesota Senior Care Plus, or MSC+), **Medica Choice Care PMAP** (Prepaid Medical Assistance Program, or PMAP), **Medica AccessAbility Solution** (Special Needs BasicCare, or SNBC): There is no Medical Assistance cost-sharing in 2024.

**Medica AccessAbility Solution Enhanced** (SNBC Special Needs Plan, or ), **Medica DUAL Solution** (Minnesota Senior Health Options, or MSHO): There is no Medical Assistance cost-sharing in 2024. There are no Part D copays in 2024.

**Medica MinnesotaCare (MNCare):** Members pay cost sharing for specified covered services to maintain the actuarial value of MNCare at 94 percent.

**Family deductible:** There is no Medical Assistance family deductible in 2024.

Medica AccessAbility Solution® - Special Needs BasicCare (SNBC) enrollees (Age 18-64)								
MHCP Plan - SNBC (Medica Group Numbers)	Nonpreventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
<b>Medica SNBC without Medicare</b>  (05053, 05054, 05055, 05056, 05059)	No copay	No copay	No copay	No copay	No copay	No copay	No copay	No copay
<b>Medica SNBC with non-integrated Medicare</b>  (05063, 05064, 05065, 05066, 05069)	No copay	No copay	No copay	No copay	No copay	<b>No coverage for Part D Rx</b>  Rx covered by Medical Assistance have no copay	No copay	No copay

Medica AccessAbility Solution® Enhanced -Special Needs BasicCare (I-SNBC) enrollees (Age 18-64)								
MHCP Plan (Medica Group Numbers)	Nonpreventive Office Visit	Urgent Care	Inpatient Hospital	Emergency Room	Outpatient Hospital	Prescription	Eyewear	Diagnostic
<b>All Medica I-SNBC</b>  (08000-08999)	No copay	No copay	No copay	No copay	No copay	No copay for Part D Rx  No copay for Medical Assistance Rx	No copay	No copay

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

<b>MHCP Plan (Medica Group Numbers)</b>	<b>Nonpreventive Office Visit</b>	<b>Urgent Care</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>	<b>Prescriptions</b>	<b>Eyewear</b>	<b>Diagnostic</b>
<b>Medica MSC+ for nursing home residents with non-integrated Medicare</b>  (59165, 59665)	No copay	No copay	No copay	No copay	No copay	<b>No coverage for Part D Rx</b>  No copay for Medical Assistance Rx	No copay	No copay
<b>Medica MSC+ for nursing home residents without Medicare</b>  (59167, 59667)	No copay	No copay	No copay	No copay	No copay	No copay	No copay	No copay
<b>Medica MSC+ for community seniors with non-integrated Medicare</b>  (59169, 59179)	No copay	No copay	No copay	No copay	No copay	<b>No coverage for Part D Rx</b>  No copay for Medical Assistance Rx	No copay	No copay
<b>Medica MSC+ for community seniors without Medicare</b>  (59166, 59168)	No copay	No copay	No copay	No copay	No copay	No copay	No copay	No copay

<b>Medica DUAL Solution<sup>®</sup> -Minnesota Senior Health Options (MSHO) enrollees (Age 65+)</b>								
<b>MHCP Plan (Medica Group Numbers)</b>	<b>Nonpreventive Office Visit</b>	<b>Urgent Care</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>	<b>Prescriptions</b>	<b>Eyewear</b>	<b>Diagnostic</b>
<b>All Medica MSHO (07000-07999)</b>	No copay	No copay	No copay	No copay	No copay	No copay for Part D Rx:  No copay for Medical Assistance Rx	No copay	No copay

<b>Medica Choice Care<sup>SM</sup> PMAP -Families and Children (F&amp;C) enrollees (Age 0-64)</b>								
<b>MHCP Plan (Medica Plan ID)</b>	<b>Nonpreventive Office Visit</b>	<b>Urgent Care</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>	<b>Prescriptions</b>	<b>Eyewear</b>	<b>Diagnostic</b>
<b>Medica Families and Children (PMAP) (A00500_001 – A00500_004)</b>	No copay	No copay	No copay	No Copay	No copay	No copay	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 (Medica Plan ID)</b>	<b>Nonpreventive Office Visit</b>	<b>Ambulatory Surgery</b>	<b>Inpatient Hospital</b>	<b>Emergency Room</b>	<b>Outpatient Hospital</b>
<b>Medica MinnesotaCare</b>  (A00500_005 – A00500_007)	\$28 (No copay for mental health visits)	No copay	\$250 per admission	\$100	No copay
	<b>Prescriptions</b>	<b>Eyewear</b>	<b>Radiology</b>	<b>Non-Routine Dental Services</b>	<b>Durable Medical Equipment</b>
	\$10 generic \$25 brand  \$70 per month Rx Maximum  (No copay for certain mental health drugs)	\$10 (collected by dispensing provider)	\$45	No copay	No copay