



# Minnesota Health Care Programs

## Summary of Coverage, Cost Sharing and Limits

(Effective Jan. 1, 2020)

This is only a summary. For details about covered services, you can call your worker, health plan or provider. If you are not in a health plan, call the Minnesota Health Care Programs Member Help Desk at 651-431-2670 or 800-657-3739.

Your provider must get approval for some services before you get them. Services must be medically necessary. The following lists do not include all covered services.

### Medical Assistance (MA)

MA covers these services. Some people get their MA services through a health plan.

- Alcohol and drug treatment
- Chiropractic care
- Dental care (limited for non-pregnant adults)
- Doctor and clinic visits
- Emergency room (ER) care
- Eyeglasses
- Family planning services
- Hearing aids
- Home care, including personal care assistance (PCA) services
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Lab and X-ray services
- Licensed birth center services
- Medical equipment and supplies
- Medical transportation (emergency and nonemergency)
- Mental health care
- Nursing home care and care in an intermediate care facility for people with developmental disabilities (ICF-DD)
- Outpatient surgery
- Prescriptions and medication therapy management
- Rehabilitative therapy
- Urgent care

Coverage for some long-term care, including nursing home care, may require a separate application to determine whether MA can pay for it. Ask your worker for more information.

### MA cost sharing

Cost sharing means the amount you pay toward your medical costs. Cost sharing for adults 21 years old or older is as follows:

- \$3.35 monthly deductible
- \$3 copay for non-preventive visits; no copay for mental health visits
- \$3.50 copay for nonemergency ER visits
- \$3 or \$1 copay for prescription drugs, up to \$12 per month; no copay for some mental health drugs

These people are exempt from cost sharing:

- American Indians and Native Alaskans who have ever received care from an Indian health care provider
- Pregnant women
- People in hospice care

- People enrolled in the MA Breast and Cervical Cancer program
- People enrolled in the Refugee MA program
- People in nursing homes or ICF-DDs

If you are not able to pay a copay or deductible, your provider still has to serve you. Providers must take your word that you cannot pay. Providers cannot ask for proof that you cannot pay.

Monthly copays and deductibles are limited to five percent of family income for adults with MA who are not otherwise exempt from copays and deductibles.

If you have Medicare: Minnesota Health Care Programs cannot pay for any drugs in the Medicare prescription drug benefit. If you have Medicare, you can get Part D drug coverage. Prescriptions under Part D may have different copays.

### Emergency Medical Assistance (EMA)

EMA is fee-for-service coverage. People do not enroll in health plans.

- EMA pays for a medical emergency treated in an emergency room or hospital. Follow-up care from the same provider is covered if the services were paid for as part of treating the emergency.
- EMA may pay for some nursing home and home health care services for some very limited emergency conditions. Your provider must submit a Care Plan Certification Request to get coverage for these services.
- EMA may pay for ongoing treatment of a condition to prevent you from having to go to the hospital. Your provider must submit a Care Plan Certification Request for these services.
- EMA pays for renal dialysis. Your provider must submit a Care Plan Certification Request.
- EMA pays for kidney transplants for eligible patients who are currently receiving dialysis services. Your provider must submit a Care Plan Certification Request for these services.
- EMA pays for treatment of cancer (if not in remission), including surgery, chemotherapy and radiation. Your provider must submit a Care Plan Certification Request.

EMA does not cover nonemergency services. Some examples of services that are not covered are these:

- Alcohol and drug treatment
- Care of chronic conditions (such as diabetes management)
- Day training
- Eyeglasses
- Family planning services
- Organ transplants (Exception: Kidney transplants are covered)
- Most nursing home care or other facility care
- Lab and X-ray services
- Preventive or screening appointments and tests
- Rehabilitative therapy
- Other nonemergency services

If you get MinnesotaCare: You will enroll in a health plan. The plan will mail you information about covered services.

## **MinnesotaCare**

### **Children under 19 and pregnant women**

MinnesotaCare covers these things:

- Alcohol and drug treatment
- Chiropractic care
- Dental care
- Doctor and clinic visits
- Emergency room (ER) care
- Eyeglasses
- Family planning services
- Hearing aids
- Home care, including personal care assistance (PCA) services
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Lab and X-ray services
- Licensed birth center services
- Medical equipment and supplies
- Medical transportation (emergency and nonemergency)
- Mental health care
- Nursing home care
- Outpatient surgery
- Prescriptions and medication therapy management
- Rehabilitative therapy
- Urgent care

## **MinnesotaCare**

### **Parents, caretakers and adults without children**

Coverage is the same as MinnesotaCare for children under 19 except these services are limited:

- Dental care (limited for non-pregnant adults)
- Medical transportation (emergency only)

Also, these services are not covered:

- Intermediate care facility care
- Nursing home care
- Orthodontic services
- Personal care assistance (PCA) services
- Private duty nursing
- Home care nursing
- Nonemergency medical transportation

### **MinnesotaCare Cost Sharing and Limits**

Some people 21 years old or older pay cost sharing<sup>1</sup>. Cost sharing means the amount you pay toward your medical costs.

- \$75 copay for ER<sup>2</sup> visits
- \$25 copay for non-preventive visits; no copay for mental health visits
- \$250 per inpatient hospital admission
- \$100 ambulatory surgery
- \$25 copay for eyeglasses
- \$7 or \$25 copay for prescription drugs up to \$70 per month; no copay for some mental health drugs
- \$40 per visit for radiology services
- \$15 per visit for non-routine dental services
- 10% co-insurance for durable medical equipment

<sup>1</sup>American Indians who are members of a federally recognized tribe are exempt from cost sharing.

<sup>2</sup>ER copay does not apply for visits that lead to an inpatient admission.

You must pay your copay directly to your provider. Some providers require that you pay the copay when you arrive for medical service.

**651-431-2670 or 800-657-3739**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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අំណတ်မရှိစေရန် ၊ ပြီးဆုံးသောစာရွက်စာတမ်းကိုပြန်လည်ပေးဆောင်ပေးရန်အတွက် အထက်ဖော်ပြပါနံပါတ်ကိုခေါ်ဆိုပါ။

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

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Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

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