

PrimeWest Health
2010 Member Group Copay Benefits
Provider Reference Chart

Medical Assistance (MA)					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MA0001-0001	Pregnant women and children under age 21.	\$0	\$0	\$0	\$0
	Pregnant women and children under age 21. With Medicare.	\$0	\$0	\$0	\$0
MA0001-0002	Ages 21 – 64. No Medicare.	\$0	\$0	\$0/\$6	\$0
MA0001-0003	Ages 21 – 64. With Medicare.	\$0	\$0	\$0/\$6	\$0

General Assistance Medical Care (GAMC)					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
GAMC01-0001	Ages 21 – 64. No Medicare.	\$0	\$0	\$0/\$25	\$0
GAMC01-0003	Ages 21 – 64. With Medicare	\$0	\$0	\$0/\$25	\$0

MinnesotaCare (MNCare)					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MNCARE-0001	Expanded	\$0	\$0	\$0	\$0
MNCARE-0002	Basic Plus One/Transitional MNCare	\$3	\$25	\$0/\$6	\$0
MNCARE-0003	Basic Plus Two	\$3	\$25	\$0/\$6	\$0
MNCARE-0004	Basic Plus	\$3	\$25	\$0/\$6	\$0

Minnesota Senior Care Plus (MSC+)					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MSC001-0001	Age 65 or older. Institutional. No Medicare.	\$0	\$0	\$0	\$0
MSC001-0004	Age 65 or older. Institutional. With Medicare	\$0	\$0	\$0	\$0
MSC001-0005	Age 65 or older. Community Non-Elderly Waiver. With Medicare.	\$0	\$0	\$0/\$6	\$0
MSC001-0006	Age 65 or older. Community Elderly Waiver Elderly Waiver. With Medicare.	\$0	\$0	\$0/\$6	\$0
MSC001-0007	Age 65 or older. Community Non-Elderly Waiver. No Medicare.	\$0	\$0	\$0/\$6	\$0
MSC001-0008	Age 65 or older. Community Elderly Waiver Elderly Waiver. No Medicare.	\$0	\$0	\$0/\$6	\$0

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Minnesota Senior Health Options (MSHO)					
<i>PrimeWest Health's name for this program is PrimeWest Senior Health Complete (HMO)</i>					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MSHO01-0004	Age 65 or older. Medicare Only Group (MOG) – MSHO with terminated Medicaid coverage.	\$0	\$0	\$0	\$0
MSHO01-0005	Age 65 or older. Rate Cell Category D – Institutional. With Medicare.	\$0	\$0	\$0	\$0
MSHO01-0006	Age 65 or older. Rate Cell Category A – Community Non-Elderly Waiver. With Medicare.	\$0	\$0	\$0	\$0
MSHO01-0007	Age 65 or older. Rate Cell Category B – Community Elderly Waiver. With Medicare.	\$0	\$0	\$0	\$0

Special Needs BasicCare (SNBC) – Dual Eligible					
<i>PrimeWest Health's name for this program is Prime Health Complete (HMO)</i>					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
SNBC01-0004	Ages 18 – 64. Disabled. Medicare Only Group (MOG) – SNBC with terminated Medicaid coverage.	\$0	\$0	\$0	\$0
SNBC01-0006	Ages 18 – 64. Disabled. Community Well. With Medicare.	\$0	\$0	\$0	\$0
SNBC01-0007	Ages 18 – 64. Disabled. Institutional. With Medicare.	\$0	\$0	\$0	\$0

Special Needs BasicCare (SNBC) – Medicaid Only					
<i>PrimeWest Health's name for this program is Prime Health Complete (SNBC)</i>					
Group and Description		Copays			
Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
SNBCMA-0001	Ages 18 – 64. Disabled. Community Well. No Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0002	Ages 18 – 64. Disabled. Institutional. No Medicare.	\$0	\$0	\$0	\$0