

PrimeWest Health
2012 - Group / Division Benefits
Provider Reference Chart

Medical Assistance (MA)					
Amisys Group and Description		Copays			
Amisys 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.	\$3	\$0	\$0/\$3.50	\$0
MA0001-0003	Ages 21 – 64. With Medicare.	\$3	\$0	\$0/\$3.50	\$0

MinnesotaCare (MNCare)					
Amisys Group and Description		Copays			
Amisys Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MNCARE-0001	Expanded	\$0	\$0	\$0	\$0
MNCARE-0002	Basic Plus One	\$3	\$25	\$0/\$3.50	\$0
MNCARE-0003	Basic Plus Two	\$3	\$25	\$0/\$3.50	\$0
MNCARE-0004	Basic Plus	\$3	\$25	\$0/\$3.50	\$0

Minnesota Senior Care Plus (MSC+)					
Amisys Group and Description		Copays			
Amisys Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MSC001-0001	Age 65 or over. Institutional. No Medicare.	\$0	\$0	\$0	\$0
MSC001-0004	Age 65 or over. Institutional. With Medicare.	\$0	\$0	\$0	\$0
MSC001-0005	Age 65 or over. Community – Non-Elderly Waiver. With Medicare.	\$3	\$0	\$0/\$3.50	\$0
MSC001-0006	Age 65 or over. Community – Elderly Waiver. With Medicare.	\$3	\$0	\$0/\$3.50	\$0
MSC001-0007	Age 65 or over. Community – Non-Elderly Waiver. No Medicare.	\$3	\$0	\$0/\$3.50	\$0
MSC001-0008	Age 65 or over. Community – Elderly Waiver. No Medicare.	\$3	\$0	\$0/\$3.50	\$0

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PrimeWest Senior Health Complete (HMO SNP) – Dual Eligible					
Amisys Group and Description		Copays			
Amisys Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
MSHO01-0004	Age 65 or over. Medicare Only Group (MOG) – MSHO with terminated Medicaid coverage.	\$0	\$0	\$0	\$0
MSHO01-0005	Age 65 or over. Rate Cell Category D. Institutional. With Medicare.	\$0	\$0	\$0	\$0
MSHO01-0006	Age 65 or over. Rate Cell Category A. Community – Non-Elderly Waiver. With Medicare.	\$0	\$0	\$0	\$0
MSHO01-0007	Age 65 or over. Rate Cell Category B. Community – Elderly Waiver. With Medicare.	\$0	\$0	\$0	\$0

Prime Health Complete (HMO SNP) – Dual Eligible					
Amisys Group and Description		Copays			
Amisys Group Number	Description	Medical			
		OV	Eyewear	ER/Non-Emergency	Dental
SNBC01-0008	Ages 18 – 20, Disabled. Medicare Only Group (MOG) – Terminated Medicaid coverage.	\$0	\$0	\$0	\$0
SNBC01-0009	Age 21+, Disabled. Medicare Only Group (MOG) – Terminated Medicaid coverage.	\$0	\$0	\$0	\$0
SNBC01-0010	Ages 18 – 20, Disabled. Pregnant women. Community Well.	\$0	\$0	\$0	\$0
SNBC01-0011	Ages 18 – 20, Disabled. Pregnant women. Institutional.	\$0	\$0	\$0	\$0
SNBC01-0012	Age 21+, Disabled. Community Well.	\$0	\$0	\$0	\$0
SNBC01-0013	Age 21+, Disabled. Institutional.	\$0	\$0	\$0	\$0

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Special Needs BasicCare (SNBC) – Medicaid Only Benefits					
Amisys Group and Description		Copays			
Amisys Group Number	Description	Medical			
		OV	Eyewear	ER / Non-Emergency	Dental
SNBCMA-0003	Age 21+, Disabled. Community. With Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0004	Age 21+, Disabled. Institutional. With Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0005	Age 0 – 20, Disabled. Pregnant Women and Children. Community. No Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0006	Ages 0 – 20, Disabled. Pregnant Women and Children. Institutional. No Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0007	Ages 0 – 20, Disabled. Pregnant Women and Children. Community. With Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0008	Ages 0 – 20, Disabled. Pregnant Women and Children. Institutional. With Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0009	Age 21+, Disabled. Community. No Medicare.	\$0	\$0	\$0	\$0
SNBCMA-0010	Age 21+, Disabled. Institutional. No Medicare.	\$0	\$0	\$0	\$0

Values Health					
Amisys Group and Description		Copays			
Amisys Group Number	Description	Medical		Preventive	Eyewear/ Dental
		OV/ER Non-Emergency			
VHXXX-0001	Values Health	Amount	Member/ Plan	100% Covered	Not Covered
		\$0 – \$300	0%/100%		
		\$301 – \$2,300	50%/50%		
		\$2,301 and up	20%/80%		
		Member Maximum Out-of-Pocket Per Episode of \$1,000			