Medical Assistance (MA)			
Group and Description		Copays	
Group Number	Description	Medical	RX Generic / Brand
MA0001-0001	Pregnant women and children under age 21. No Medicare	$0	$0
MA0001-0002	Age 21-64. No Medicare.	$0	$0
MA0001-0003	Age 21-64. With Medicare	$0	$0
MA0001-0004	Pregnant women and children under age 21. With Medicare	$0	$0
MA0001-0005	Age 21-64. American Indian. No Medicare.	$0	$0
MA0001-0006	Age 21-64. American Indian. With Medicare	$0	$0

MinnesotaCare (MNCare)											
Group and Description		Copays									
		Medical					RX				
Group Number	Description	Non-Preventive Visit	Eyeglasses	Emergency Department Visit	Inpatient Hospital	Radiology	Generic	Brand	Max	Chronic Disease Max	
										RX	RX Medical Supplies
MNCARE-0006	MinnesotaCare Parents	$28	$10	$100	$250	$45	$10	$25	$70	$25	$50
MNCARE-0007	MinnesotaCare Child	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MNCARE-0008	MinnesotaCare Adults without Children	$28	$10	$100	$250	$45	$10	$25	$70	$25	$50
MNCARE-0009	MinnesotaCare American Indian Adults	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MNCARE-0010	MinnesotaCare American Indian Adults	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
MNCARE-0011	MinnesotaCare 19 & 20 Year Olds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Minnesota Senior Care Plus (MSC+)			
Group and Description		Copays	
Group Number	Description	Medical	RX Generic / Brand
MSC001-0001	Age 65 or older. Institutional. No Medicare.	$0	$0
MSC001-0004	Age 65 or older. Institutional. With Medicare	$0	$0
MSC001-0005	Age 65 or older. Community - Non-Elderly Waiver. With Medicare	$0	$0
MSC001-0006	Age 65 or older. Community - Elderly Waiver. With Medicare	$0	$0
MSC001-0007	Age 65 or older. Community - Non-Elderly Waiver. No Medicare.	$0	$0
MSC001-0008	Age 65 or older. Community - Elderly Waiver. No Medicare.	$0	$0
MSC001-0009	Age 65 or older. Moving Home Minnesota Community Non-Elderly Waiver. With Medicare.	$0	$0
MSC001-0010	Age 65 or older. Moving Home Minnesota Community Non-Elderly Waiver. No Medicare.	$0	$0
MSC001-0011	Age 65 or older. Community American Indian With Medicare.	$0	$0
MSC001-0012	Age 65 or older. Elderly Waiver American Indian With Medicare.	$0	$0
MSC001-0013	Age 65 or older. Community American Indian No Medicare.	$0	$0
MSC001-0014	Age 65 or older. Elderly Waiver American Indian No Medicare.	$0	$0

PrimeWest Senior Health Complete - Dual Eligible (CMS Contract H2416)			
Group and Description		Copays	
Group Number	Description	Medical	RX Generic / Brand
MSHO01-0004	Age 65 or older. Medicare Only Group (MOG) - MSHO with terminated Medicaid coverage.	$0	High: $5.10 / $12.65 Low: $1.60 / $4.90 Zero Copay
MSHO01-0005	Age 65 or older. Rate Cell Category D Institutional.	$0	$0
MSHO01-0006	Age 65 or older. Rate Cell Category A Community Non-Elderly Waiver.	$0	High: $5.10 / $12.65 Low: $1.60 / $4.90 Zero Copay
MSHO01-0007	Age 65 or older. Rate Cell Category B Community Elderly Waiver.	$0	$0
MSHO01-0008	Age 65 or older. Moving Home Minnesota Rate Cell Category C	$0	$0

Prime Health Complete - Dual Eligible (CMS Contract H2926)			
Group and Description		Copays	
Group Number	Description	Medical	RX Generic / Brand
SNBC01-0008	Age 18-20 Disabled. Medicare Only Group (MOG) - terminated Medicaid coverage.	$0	High: $5.10 / $12.65 Low: $1.60 / $4.90 Zero Copay
SNBC01-0009	Age 21+ Disabled. Medicare Only Group (MOG) - terminated Medicaid coverage.	$0	High: $5.10 / $12.65 Low: $1.60 / $4.90 Zero Copay
SNBC01-0010	Age 18-20 Disabled. Pregnant women. Community Well.	$0	High: $5.10 / $12.65 Low: $1.60 / $4.90 Zero Copay
SNBC01-0011	Age 18-20 Disabled. Pregnant women. Institutional.	$0	$0
SNBC01-0012	Age 21+ Disabled. Community Well.	$0	High: $5.10 / $12.65 Low: $1.60 / $4.90 Zero Copay
SNBC01-0013	Age 21+ Disabled. Institutional.	$0	$0

Special Needs BasicCare (SNBC) - Medicaid Only Benefits			
Group and Description		Copays	
Group Number	Description	Medical	RX Generic / Brand
SNBCMA-0003	Age 21+ Disabled. Community. With Medicare.	$0	$0
SNBCMA-0004	Age 21+ Disabled. Institutional. With Medicare.	$0	$0
SNBCMA-0005	Age 0-20 Disabled. Pregnant Women and Children. Community. No Medicare.	$0	$0
SNBCMA-0006	Age 0-20 Disabled. Pregnant Women and Children. Institutional. No Medicare.	$0	$0
SNBCMA-0007	Age 0-20 Disabled. Pregnant Women and Children. Community. With Medicare.	$0	$0
SNBCMA-0008	Age 0-20 Disabled. Pregnant Women and Children. Institutional. With Medicare.	$0	$0
SNBCMA-0009	Age 21+ Disabled. Community. No Medicare.	$0	$0
SNBCMA-0010	Age 21+ Disabled. Institutional. No Medicare.	$0	$0