

MaineCare Member Co-payments

Members do not have co-payments when they are:

- Under 21 years old
- Pregnant (including 3 months after the pregnancy ends)
- In state custody
- Under state guardianship
- Services for Native American members who are eligible to receive services funded by Contract Health Services or Indian Health Services Tribal Union
- In a
 - hospital (inpatient)
 - skilled nursing facility,
 - nursing facility,
 - Intermediate Care Facility for the Mentally Retarded (ICF-MR),
 - Private Non-Medical Institution (PNMI), Appendix C or F
 - Other medical institution

and

- Paying for part of their care as set by OMS/DHHS.

The following services do not have co-pays:

- Services provided in Indian Health Service Centers
- Family planning services and supplies
- Emergency services (including if: the members' health is in serious jeopardy, there is serious impairment(s) to bodily functions or there is serious dysfunction of any bodily organ or part).
- Hospice services
- All oxygen and oxygen equipment services.

Co-Payment Disputes: Providers must notify members of their right to dispute copayments. If a member believes that he or she is exempt from a copayment, disputes the amount of the copayment, or has been denied a service for failure to make a copayment, he or she may contact the Department for assistance in resolving that dispute. Complaints should be directed to the Director, Office of MaineCare Services, 11 State House Station, Augusta, Maine 04333-0011.

Co-payment Schedule

The co-payment is based upon how much MaineCare pays for the service.

When MaineCare pays . . .	the member co-payment is
\$10.00 or less	\$0.50
\$10.01 - \$25.00	\$1.00
\$25.01 - \$50.00	\$2.00
\$50.01 – more	\$3.00

Please Note: Once the member has paid out 5% of their monthly income in co-pays they will no longer be required to pay a co-pay for that month.

These services have a co-payment (except for the members who are under age 21, etc. – see list above.) See below for special co-payments for members enrolled in the HIV/AIDS program.

Non-Emergency Service *	Co-payments	
	Per day max	Per month max
Ambulance	\$3.00	\$30.00
Chiropractor	\$2.00	\$20.00
Consumer Directed Attendant	\$3.00	\$5.00
Durable Medical Equipment	\$3.00	\$30.00
Federally Qualified Health Centers	\$3.00	\$30.00
Home Health Services	\$3.00	\$30.00
Hospital (inpatient and/or outpatient)**	\$3.00	\$30.00
Laboratory	\$1.00	\$10.00
Occupational Therapy	\$2.00	\$30.00
Opticians	\$2.00	\$20.00
Optometrists	\$3.00	\$30.00
Physical Therapy	\$2.00	\$20.00
Podiatrist	\$2.00	\$20.00
Prescription Drugs ***	\$3.00/ prescription	\$30.00
Private Duty Nursing	\$3.00	\$5.00
Rural Health Center	\$3.00	\$30.00
Speech	\$2.00	\$20.00
Behavioral Health Services	\$2.00	\$20.00
X-rays/Medical Imaging	\$1.00	\$10.00

* Emergency Services have no member co-payments.

** Members in the Medical Eye Care program have a \$50 co-pay for inpatient and outpatient services. Two separate co-pays may be charged if the member received both inpatient and outpatient hospital services.

*** Members in Drugs for the Elderly and other pharmacy programs may have lower co-pays. No co-payment is charged if medications are ordered in a 90 day supply through a mail order pharmacy.

Members in the HIV/AIDS waiver have a mandatory co-payment and pay all of the regular co-payments shown above *except for*

- Physician's visit – co-pay is \$10.00 (Note: there is no daily limit on member co-pays for physician visits.)
- Prescription drugs
 - generic co-pay \$10.00/30-day supply;
 - brand name co-pay \$20.00/90-day supply *by mail order only*.

3.06. PREMIUMS

Katie Beckett Members whose household income is greater than 150% of the Federal Poverty Level must pay monthly premiums. The amount of premium is based on the total household income and number of individuals in the household, and whether the Member has other health care coverage. Premium amounts, exemptions, and other premium requirements are in the MaineCare Eligibility Manual. See 10-144 Code of Me. Regs. Ch. 332, § 5090.

Chart 3.12 – Premiums for MaineCare Katie Beckett Coverage Group

Family Income as a % of FPL Federal Poverty Level	Monthly Premium with Private Insurance	Monthly Premium without Private insurance
150 – 200%	\$ 11	\$ 30
201 – 250%	\$ 14	\$ 40
251 - 300%	\$ 18	\$ 50
301 - 350%	\$ 21	\$60
351 - 400%	\$ 25	\$70
401 - 450%	\$30	\$85
451 - 500%	\$35	\$100
501 - 550%	\$ 40	\$115
551 - 600%	\$ 46	\$130
601 - 700%	\$51	\$145
701 - 800%	\$61	\$175
801 - 900%	\$72	\$205
901 – 1000%	\$84	\$240
1001-1200%	\$96	\$275
1201-1400%	\$117	\$335
1401-1600%	\$138	\$395
1601-1800%	\$159	\$455
1801-2000%	\$182	\$520
2001-2500%	\$207	\$590
2501%+	\$263	\$750

HIV

The premium amount is based on gross monthly income projected for the twelve month enrollment period. A premium is effective the month an individual is added for coverage under this group and ends effective the month coverage under this coverage group ends. See Chart 3.10 for premium amount.

Chart 3.10 – Premiums for HIV MONTHLY PREMIUM Benefit- 7/01/10

INCOME LEVEL

Equal to or less than 150% of Federal Poverty Level (See Chart 6)	0
150.1% - 200% of Federal Poverty Level (See Chart 6)	\$29.56
200.01% - 250% of Federal Poverty Level	\$59.11