



## MaineCare Member Copayments

Some MaineCare members may need to pay for part of the cost of some MaineCare services when they receive care. What you pay is called a copayment, or copay.

MaineCare turned off copays for certain services during the COVID-19 Public Health Emergency (PHE) to help people continue to get care they needed during the pandemic. In May 2023, when the PHE ended, MaineCare turned copays back on for some services, but kept other copays turned off. Starting October 1, 2024, MaineCare is turning back on some additional copays and ending other copays.

### What Members do NOT need to pay for MaineCare copays?

Members **do not have** copay when they are:

- Under 21 years old
- Pregnant (including 12 months after the pregnancy ends)
- In custody of the State
- Under guardianship of the State
- Native American
- Eligible to and do receive services funded by Contract Health Services or Indian Health Services Tribal Union
- Living in one of the following institutions and already paying for part of their care through monthly “cost of care” requirements:
  - Skilled nursing facility
  - Nursing facility
  - Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID)
  - Private Non-Medical Institution (PNMI)
  - Other medical institution

### What copays are turning back on?

On October 1, 2024, MaineCare will turn copays back on for the following non-emergency services:

- Home Health Services
- Hospital (inpatient and/or outpatient)
- Laboratory
- Durable Medical Equipment
- Prescription Drugs (exception for 90-day supply ordered through a mail order pharmacy)
- X-rays/Medical Imaging

## **What other services already have a copay that will stay in place?**

The following non-emergency services already had a copay:

- Ambulance
- Chiropractor
- Consumer Directed Attendant
- Occupational Therapy
- Opticians
- Optometrists
- Physical Therapy
- Podiatry
- Private Duty Nursing and Personal Care Services
- Speech Therapy

## **What copays are going away on October 1<sup>st</sup>?**

Copays for Behavioral Health Services under Section 65 are being turned off starting October 1, 2024.

## **What services don't have a copay?**

Many MaineCare services do not have copays, including, but not limited to:

- Adult Family Care
- Advanced Practice Registered Nursing Services
- Behavioral Health Rehabilitative and Community Support Services
- Day Health Services
- Dental Services
- Early and Periodic Screening, Diagnosis and Treatment Services
- Emergency Services
- Free-standing Dialysis
- Family Planning Services and Supplies
- Hospice Services
- Long Term Services and Supports (1915(c) Waiver Services)
- Prescription drugs (if you order a 90-day supply through a mail order pharmacy)
- Primary Care Services
- Targeted Case Management
- Tobacco Cessation Services and Products
- Services provided by a:
  - Ambulatory Care Clinic
  - Ambulatory Surgical Center
  - Development & Behavioral Health Clinic
  - Federally Qualified Health Center
  - Health Home
  - Psychiatric Hospital
  - Psychiatric Residential Treatment Facility
  - Rural Health Clinic

## What is the copay for my service?

For most services, the copay amount is based upon how much MaineCare pays for the service, shown in the table below.

When MaineCare pays...	The copay is...
\$10.00 or less	\$0.50
\$10.01 - \$25.00	\$1.00
\$25.01 - \$50.00	\$2.00
\$50.01 or more	\$3.00

There are some exceptions: some services have fewer than four levels of pricing (also called copay tiers), and prescription drugs have only a single copay amount of \$3.00 (also called a flat price).

In the future, MaineCare plans to simplify how we structure copays.

## Is there a limit to how much I might spend?

There are several copay limits.

First, most services have a limit on the amount you pay in copays for a service each day and each month. The tables below list all the services that have a copay and show the maximum daily and monthly copay you would have to pay for each service. After you reach the monthly copay limit for a service, you are not required to pay additional copays for that service that month.

Second, once you have paid a total of 5% of your monthly income in copays across different services, you will not be required to pay any additional copays for any service for that month.

Non-Emergency Service	Copay amount	
	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
Home Health	\$3.00	\$30.00
Hospital (inpatient and/or outpatient)	\$3.00	\$30.00
Laboratory	\$1.00	\$10.00
Occupational Therapy	\$2.00	\$20.00
Optician	\$2.00	\$20.00
Optometrist	\$3.00	\$30.00
Physical Therapy	\$2.00	\$20.00
Podiatrist	\$2.00	\$20.00
Prescription Drugs	None	\$30.00
Private Duty Nursing and Personal Care Services	\$3.00	\$5.00
Speech Therapy	\$2.00	\$20.00
X-rays/Medical Imaging	\$1.00	\$10.00

### **What if I have discounts on my drugs from the Drugs for the Elderly (DEL) program?**

DEL and other pharmacy programs may have lower copays than what is listed above.

### **What if my provider asks for a copay but I don't think I am supposed to pay one, or the amount doesn't seem right?**

Providers are supposed to verify whether you have a copay, and how much it is. Providers cannot deny services to you because you do not pay a copay, but you may still be responsible for paying the copay later.

However, if you believe that you are exempt from a copay, that the amount you are asked to pay is wrong, or that you were denied a service for failure to make a copay, contact MaineCare at one of the numbers listed below.

### **Who do I call with questions?**

For questions about copays for prescription drugs, call the Pharmacy Help Desk at 1-866-796-2463. Call MaineCare Member Services at 1-800-977-6740 for questions about all other services.

Members are afforded fair hearing rights in accordance with MaineCare Benefits Manual Chapter I, Section 1.24: Member Appeals.