

Comparison of Adult Medicaid Programs – July 2009

**A provider can refuse to see you, if you do not pay your co-pay. **

*** This chart may change at anytime***

Benefit	Traditional Medicaid - usually 18 years or older	Non-Traditional Medicaid - usually 19 years or older	PCN- Fee for Service - 19 years or older
Out of Pocket Maximum	* Pharmacy \$15 per month Inpatient \$220 per year Physician & Outpatient \$100 per year	\$500 per calendar year per person	\$1000 per calendar year per person (up to \$50 enrollment fee not included)
Dental	Not covered	Not covered	10% co-pay - limited benefits
Emergency Room	* no co-pay. \$6 co-pay for non-emergency use of the ER.	*no co-pay. \$6 co-pay for non-emergency use of the ER.	\$30 co-pay per visit - See PCN Member Guide for limitations
Family Planning	Office visit - no co-pay Pharmacy - no co-pay <i>See current OTC list</i>	Office visit - no co-pay Pharmacy - no co-pay <i>See current OTC list</i> <i>Implants and patches are not covered</i>	Office visit - \$5 co-pay per visit Pharmacy - refer to pharmacy benefit , <i>See current OTC list</i> <i>Implants and sterilization not covered</i>
Inpatient Hospital	*\$220 co-pay yearly for non-emergency stays	\$220 co-pay each non-emergency stay	Not a covered service
Lab	no co-pay	no co-pay	Lab - 5% co-pay if Medicaid allowed amount over \$50
Medical Equipment & Supplies	no co-pay	no co-pay	10% co-pay for covered services
Mental Health	no co-pay at prepaid Mental Health Center	no co-pay - limited benefit <i>30 annual inpatient, 30 annual outpatient visits</i>	Not a covered service
Occupational and Physical Therapy	no co-pay	\$3 co-pay - <i>limited to a combined 10 visits per year</i>	Not a covered service
Office Visit & Outpatient	* Outpatient - \$3 co-pay per visit Office visit - \$3 co-pay per visit	Outpatient - \$3 co-pay Office visit - \$3 co-pay per visit - <i>no co-pay for preventative care or immunizations</i>	Outpatient - not covered Office visit - \$5 co-pay per visit - <i>Pregnancy related services not covered</i>
Pharmacy	*\$3 co-pay per prescription limited to \$15 monthly <i>Review process for more than 7 prescriptions per month</i> <i>Limited over-the-counter drug coverage</i>	\$3 co-pay per prescription <i>Review process for more than 7 prescriptions per month</i> <i>Limited over-the-counter drug coverage</i>	<i>Limited to 4 prescriptions per month</i> Generic - \$5 co-pay Brand Name - co-pay is 25%
Transportation	no-co-pay	no co-pay - <i>limited to emergency transportation</i>	no co-pay - <i>limited to emergency transportation</i>
Vision Services	Optometrist – no co-pay for annual eye exam Ophthalmologist - \$3.00 co-pay for annual eye exam Glasses not covered	Annual coverage limited to \$30.00 for a medically necessary eye exam <i>Glasses not covered</i>	\$5.00 co-pay for annual exam <i>Glasses not covered</i>
X-Ray	no co-pay	no co-pay	X-ray - 5% co-pay if Medicaid allowed amount over \$100

* **American Indians, pregnant women and children are excluded from co-pays.** In addition to Traditional Medicaid benefits, pregnant women and children will receive dental, vision and chiropractic benefits.

Other insurance or Medicare may affect co-pay and co-insurance.

For general Medicaid information and benefits refer to the Medicaid Member Guide or PCN Member Guide.

Visit the web site at www.health.utah.gov/umb

Traditional Medicaid & Non-Traditional Medicaid - For full benefit information please refer to the Medicaid Member Guide sent to you. For a copy of the guide, please call your Health Plan Representative (HPR).

PCN - For benefit information please refer to the PCN Member Guide sent to you by mail. For another copy of the guide, please contact your HPR.

What happens after I choose a health plan or PCP?

The health plan or PCP (Primary Care Provider) you chose will be printed on your monthly Medicaid card. You will receive information from the health plan that will explain what services are offered and how to use them.

What other things do I need to know?

1. **Always check your Medicaid card** and make sure the information is correct.
2. **Always show your Medicaid card** to your doctor or other health care provider **before** receiving treatment. You will need a referral to see a doctor other than your PCP if a PCP prints on your card.
3. **If you have a health plan and choose to see a doctor or other health care provider who is not part of the plan, you may have to pay the bill yourself.**
4. **Some Medicaid services are not paid by your health plan such as dental and pharmacy.** You must receive those services from a Medicaid provider who will bill Medicaid directly.
5. **Use the hospital Emergency Room (ER) only for emergencies. If it is not an emergency you may have to pay the bill yourself. Seek urgent care from your primary care physician (PCP).**
6. **Keep all of your medical appointments.** If you need to cancel or reschedule an appointment, call the provider as soon as possible. You may be charged for a missed appointment or the provider may refuse to keep you as a patient.
7. **Save your old Medicaid cards for 12 months.** They are proof that you are eligible for Medicaid.
8. For questions about your **eligibility** contact your **eligibility worker**.
9. For lost **Medicaid cards** or if you didn't receive your card contact your **eligibility worker**.

Appeals and Fair Hearing Rights

You may feel a service or bill was denied unfairly. You have the right to question these decisions. You have the right to a Fair Hearing.

- Call your health plan to talk about the problem. Many times the problem can be taken care of easily.
- If there are still problems, contact your health plan to request an appeal.
- You can call your HPR to talk about the problem.
- If you don't have a health plan, you can talk to your HPR.
- You can ask for a Fair Hearing with the State by calling 801-538-6155 or 1-800-662-9651.