No More Copayments

For all claims paid on or after January 1, 2020, there will be no copayment charge. This change applies to any covered service under Montana Medicaid or Medicaid Expansion.

Claims paid in 2019, may have a copayment charge. You are responsible for any copayment charges from 2019.

If you receive a bill for copayment charges you believe may be in error, contact the Medicaid/HMK Plus Member HelpLine at (800) 362-8312 or email the Medicaid Waiver and State Plan Program Officer, Linda Skiles-Hadduck, email lskiles-hadduck@mt.gov for help.

Medicaid Expansion Premiums

This change does not affect premium payment responsibility.

Adult Dental Benefit

The $1,125 dental treatment services cap for Adult members with Standard Medicaid Benefits has not changed. Covered anesthesia, dentures, diagnostic and preventative services do not count toward the dental treatment cap. It is important to note children age 0-20 and adults determined categorically eligible for Aged, Blind, and Disabled Medicaid are not subject to the $1,125 annual dental treatment limit.

Adult members are responsible to pay for non-covered dental services and any dental treatment services received above the annual $1,125 limit.

HMK Benefit

Those individuals receiving Healthy Montana Kids benefits will still be required to pay a copayment. (Healthy Montana Kids Plus members will not have copayment responsibilities.)

Cost Shares and Spend Downs

This change does not affect the cost share and spend down requirements for individuals receiving Montana Worker's with Disability (MWD) or individuals receiving Medically Needy coverage.