CATEGORY OF HIP *Low-Income = Under 22% FPL	CHARACTERISTICS
All others must be under 138% FPL	
MASP (State Plan Plus)	Members in Plus have paid their PAC and will receive vision and dental and not have co-pays
Covers: *Low-Income Parent/Caretakers & TMA *Low-Income 19-20 Year Olds (former MA T) Medically Frail	 State Plan benefits cover non-emergency transportation, chiropractic, and Medicaid Rehabilitation Option services Low-Income Parent/Caretakers that go over 22% can still have State Plan Plus benefits during their TMA period Non-TMA members over 100% FPL who fail to pay PAC will be closed. Please see MAPC for the exception.
MARP (Regular Plan Plus)	 Members in Plus have paid their PAC and will receive vision and dental and not have co-pays HIP Plus has higher annual visit limits to see physical, speech and
Covers: Those who do not qualify for State Plan benefits	occupational therapists than the HIP Basic program, and coverages for additional services like bariatric surgery and Temporomandibular Joint Disorders (TMJ) treatments are included. • Members over 100% FPL who fail to pay PAC will be closed. Please see MAPC for the exception.
MARB (Regular Plan Basic)	Members under 100% FPL can qualify for Regular Plan Basic benefits if they fail to pay the PAC; they will be required to pay co-pays
Covers: Those who do not qualify for State Plan benefits	HIP Basic provides benefits that meet the minimum coverage requirements
MASB (State Plan Basic) Covers: *Low-Income Parent/Caretakers & TMA *Low-Income 19-20 Year Olds (former MAT) Medically Frail	 Members under 100% FPL can qualify for State Plan Basic benefits if they fail to pay the PAC; they will be required to pay co-pays Members still qualify for the enhanced State Plan benefits State Plan benefits cover non-emergency transportation, chiropractic, and Medicaid Rehabilitation Option services Low-Income Parent/Caretakers that go over 22% can still have State Plan Basic benefits during their TMA period. They will not go to Plus during TMA, but will retain the State Plan benefits with a co-pay
MAPC	Medically Frail between 100% and 138% FPL who fails to pay PAC
(HIP Plus-State Plan with Co-pays) Covers: Medically Frail	 Receives benefits in State Plan Plus, but must pay co-pays If income goes below 100% FPL again, will go back to MASB If loses Frail status, will be closed if still over 100% FPL Continue to be invoiced monthly for PAC & to catch up payments, but move to State Plan Plus at redeterm with a new chance to begin paying the PAC A lockout penalty is not imposed
MAHL (HIP Link) Employee with HIP Link Participating Employer Their Spouse Their Dependents, Age 19-25	 Eligible members have access to employer's health plan and their employer is a HIP Link participant. AEFMQ and AEHPL will need filled out if not pre-filled from a member selecting Link option on application Annual Power Account will be \$4000
MANA (Native American) Covers: Verified Native Americans	 Must be a verified Native American A Native American can opt out of managed care at any time on AEHP2 and this category will form. They can only opt back in to managed care at their redetermination. Roughly only 24 MANA AG's out there currently If verified Native American does not opt out of managed care, they will open straight into Plus with no cost-sharing/zero PAC.

MAHA- Will not be seen in the ICES system, but this is the PE category as viewed in other systems and may be referenced.