

**Table 21**  
**Premium and Cost Sharing Requirements for Selected Services for Medicaid Adults, January 2017<sup>1</sup>**

State	Monthly Contributions/ Premiums	Cost Sharing	Income at Which Cost Sharing Begins (%FPL)	Cost Sharing Amounts for Selected Services					
				Non-Preventive Physician Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Generic Drug	Preferred Brand Name Drug	Non-Preferred Brand Name Drug
<b>ADOPTED MEDICAID EXPANSION (32 states)</b>									
<b>Total</b>	<b>6</b>	<b>23</b>		<b>14</b>	<b>12</b>	<b>13</b>	<b>18</b>	<b>21</b>	<b>22</b>
Alaska		Y	0%	\$10	\$0	\$50/day	\$3	\$3	\$3
Arizona <sup>2</sup>	Y, >100%	Y	100%	\$0	\$8	\$0	\$0	\$4	\$4
Arkansas <sup>3</sup>	Y, >100%	Y	100%	\$8/\$10	\$0	\$140/day	\$4	\$4	\$8
California		Y	0%	\$1	\$5	\$0	\$1	\$1	\$1
Colorado		Y	0%	\$2	\$3	\$10/day	\$1	\$3	\$3
Connecticut			--	--	--	--	--	--	--
Delaware <sup>4</sup>		Y	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
District of Columbia			--	--	--	--	--	--	--
Hawaii			--	--	--	--	--	--	--
Illinois		Y	0%	\$3.90	\$3.90	\$3.90/day	\$2	\$3.90	\$3.90
Indiana <sup>5</sup>	Y, >0%	Y	0%	\$4	\$8/ \$25 subsequent visits	\$75	\$4	\$4	\$8
Iowa <sup>6</sup>	Y, >50%	Y	0%	\$0	\$8	\$0	\$0	\$0	\$0
Kentucky		Y	0%	\$3	\$8	\$50	\$1	\$4	5% cost (\$8 min/ \$20 max)
Louisiana		Y	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
Maryland		Y	0%	\$0	\$0	\$0	\$1-\$3	\$1-\$3	\$1-\$3
Massachusetts <sup>7</sup>		Y	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan <sup>8</sup>	Y, >100%	Y	0%	\$0	\$0	\$0	\$1	\$1	\$1
Minnesota		Y	0%	\$3	\$3.50	\$0	\$1	\$3	\$3
Montana <sup>9</sup>	Y, >50%	Y	0%	\$4/10% of state payment	\$8	\$75/10% of state payment	\$0	\$4	\$8
Nevada			--	--	--	--	--	--	--
New Hampshire		Y	100%	\$3	\$0	\$125	\$4	\$8	\$8
New Jersey			--	--	--	--	--	--	--
New Mexico			--	--	--	--	--	--	--
New York		Y	100%	\$0	\$3	\$25/ discharge	\$1	\$3	\$3
North Dakota <sup>10</sup>		Y	0%	\$2	\$0	\$75	\$0	\$3	\$3
Ohio		Y	0%	\$0	\$0	\$0	\$0	\$0	\$3
Oregon <sup>11</sup>			--	--	--	--	--	--	--
Pennsylvania <sup>12</sup>		Y	0%	\$0.65-\$3.80	\$0.50-\$3	\$3/day	\$1	\$3	\$3
Rhode Island			--	--	--	--	--	--	--
Vermont		Y	0%	\$3	\$0	\$0	\$1-\$3	\$1-\$3	\$1-\$3
Washington			--	--	--	--	--	--	--
West Virginia <sup>13</sup>		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
<b>NOT ADOPTING MEDICAID EXPANSION AT THIS TIME (19 states)</b>									
<b>Total</b>	<b>0</b>	<b>1</b>		<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Alabama									
Florida									
Georgia									
Idaho									
Kansas									
Maine									
Mississippi									
Missouri									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Virginia									
Wisconsin <sup>14</sup>		Y	0%	\$0.50-\$3	\$0	\$3	\$1	\$3	\$3
Wyoming									

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

## TABLE 21 NOTES

1. Data in the table represent premium or other monthly contributions and cost sharing requirements for non-disabled adults. This group includes parents above Section 1931 limits. If a state charges cost sharing, but does not charge for the specific service or drug, it is recorded as \$0; if a state does not charge cost sharing at all, it is noted as "--." In some states, copayments vary based on the cost of the drug.
2. In Arizona, under Section 1115 authority as of January 1, 2017, adults with incomes above poverty have retrospective coinsurance on a quarterly basis. Each quarter, enrollees have a coinsurance liability for a three-month period and the amount owed for the quarter is divided into three monthly payments. It does not exceed 3% of income. There are copayments for specialist visits without a primary care provider (PCP) referral, which are \$5 for a visit that costs \$50-\$99.99 and \$10 for a visit that costs over \$100; a \$4 copayment for opioids prescriptions or refills for enrollees who do not have cancer or are not in hospice; and a \$4 copayment for brand name drugs when a generic is available, which is waived if the physician determines the generic is not as efficacious as the brand name drug.
3. In December 2016, Arkansas received approval of its amended Section 1115 waiver for expansion adults. Starting in January 2017, the state may charge enrollees with income above 100% of the federal poverty level (FPL) a monthly premium up to 2% of income. In 2017, this will be operationalized as a \$13 monthly premium. Expansion adults with income above 100% FPL pay \$8 for a non-preventive primary care visit and \$10 for a specialist visit. Other copayments did not change with newly approved waiver.
4. In Delaware, adults have a \$15 per month cap on out of pocket expenses from copayments.
5. In Indiana, under Section 1115 waiver authority, adults with incomes above poverty who fail to pay monthly contributions will be disenrolled from coverage after a 60-day grace period and barred from re-enrolling for 6 months. Beneficiaries with incomes at or below 100% FPL who fail to pay monthly contributions will receive Healthy Indiana Plan (HIP) Basic, a more limited benefit package with state plan level copayments. Copayments are only required if enrolled in HIP Basic. In the HIP Plus plan, there are no copayments except for \$8 for first time use and \$25 for subsequent use of emergency room for a non-emergency.
6. In Iowa, under Section 1115 waiver authority, Medicaid expansion beneficiaries above 100% FPL pay contributions of \$10 per month. Beneficiaries between 50% and 100% FPL pay \$5 per month and cannot be disenrolled for non-payment. Contributions are waived for the first year of enrollment. In subsequent years, contributions are waived if beneficiaries complete specified healthy behaviors. The state must grant waivers of payment to beneficiaries who self-attest to a financial hardship. Beneficiaries have the opportunity to self-attest to hardship on each monthly invoice.
7. In Massachusetts, generic drugs for diabetes, high blood pressure, and high cholesterol have a \$1 copayment. There is a \$36 annual cap for non-pharmacy copayments and a \$250 annual cap for pharmacy copayments.
8. In Michigan, under Section 1115 waiver authority, expansion adults with incomes above 100% FPL are charged monthly premiums that are equal to 2% of income. Expansion adults have cost sharing contributions based on their prior 6 months of copayments incurred, billed at the end of each quarter. There is no cost sharing for the first six months of enrollment in the plan. Beneficiaries cannot lose or be denied Medicaid eligibility, be denied health plan enrollment or be denied access to services, and providers may not deny services for failure to pay copayments or premiums. Cost sharing can be reduced through compliance with healthy behaviors. Cost sharing and premiums cannot exceed 5% of household income.
9. In Montana, under Section 1115 waiver authority, non-medically frail expansion adults with incomes above 50% FPL are submit to monthly premiums of 2% of income. Individuals with incomes at or below 100% FPL will not be disenrolled due to unpaid premiums. Individuals with incomes above 100% FPL will be disenrolled for unpaid premiums after notice and a 90-day grace period. Disenrollment lasts until arrears are paid or until the state assesses debt against income taxes, which must happen by the end of the calendar quarter (maximum disenrollment period is 3 months). The state must establish a process to exempt beneficiaries from disenrollment for good cause. Re-enrollment

does not require a new application. Combined premiums and copayment charges may not exceed 5% of household income. Enrollees will receive a credit toward their copayment obligations in the amount of their premiums. For copayments, amounts before the slash are for adults with incomes at or below 100% FPL; amounts after the slash are for adults with incomes above 100% FPL.

10. North Dakota eliminated the copayment for non-emergency use of the emergency room (ER) in 2016.
11. Oregon eliminated all copayments as of January 1, 2017.
12. In Pennsylvania, copayments for adults vary based on the cost of service. The inpatient hospital copayment is subject to a maximum of \$21 per stay.
13. In West Virginia, copayment amounts for services may vary by income. Enrollees have a quarterly out-of-pocket maximum of \$8 up to 50% FPL; \$71 between 50% and 100%; and \$143 above 100%.
14. Wisconsin offers Medicaid coverage to childless adults up to 100% FPL, but has not adopted the ACA Medicaid expansion. Copayments begin above 0% FPL. The copayment for a non-preventive physician visits will vary based on the cost of the visit.