

Table 20: Premium and Cost Sharing Requirements for Selected Services for Medicaid Adults, January 2019¹

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
Implemented Medicaid Expansion (34 states)									
Total	5	24		15	15	15	19	23	23
Alaska		Yes	0%	\$10	\$0	\$50/day	\$3	\$3	\$3
Arizona			--	--	--	--	--	--	--
Arkansas ²	Yes, >100%	Yes	100%	\$8/\$10	\$0	\$140/day	\$4	\$4	\$8
California		Yes	0%	\$1	\$5	\$0	\$1	\$1	\$1
Colorado		Yes	0%	\$2	\$6	\$10/day	\$1	\$3	\$3
Connecticut			--						
Delaware ³		Yes	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
District of Columbia			--	--	--	--	--	--	--
Hawaii			--	--	--	--	--	--	--
Illinois		Yes	0%	\$3.90	\$3.90	\$3.90/day	\$2	\$3.90	\$3.90
Indiana ⁴	Yes, >0%	Yes	0%	\$4	\$8	\$75	\$4	\$4	\$8
Iowa ⁵	Yes, >50%	Yes	0%	\$0	\$8	\$0	\$0	\$0	\$0
Kentucky		Yes	0%	\$3	\$8	\$50	\$1	\$4	5% cost (\$8 min/\$20 max)
Louisiana		Yes	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
Maine		Yes	0%	\$0	\$3	Up to \$3 per day	\$3	\$3	\$3
Maryland		Yes	0%	\$0	\$0	\$0	\$1-\$3	\$1-\$3	\$1-\$3
Massachusetts ⁶		Yes	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan ^{7,8}	Yes, >100%	Yes	0%	\$2 \$4	\$3 \$8	\$50 \$100	\$1 \$4	\$1 \$4	\$3 \$8
Minnesota		Yes	0%	\$3	\$3.50	\$0	\$1	\$3	\$3
Montana ^{8,9}	Yes, >51%	Yes	0%	\$4/10% of state payment	\$8	\$75/10% of state payment	\$0	\$4	\$8
Nevada			--	--	--	--	--	--	--
New Hampshire ¹⁰		Yes	100%	\$0	\$0	\$0	\$0	\$1	\$2
New Jersey			--	--	--	--	--	--	--
New Mexico			--	--	--	--	--	--	--
New York		Yes	100%	\$0	\$3	\$25/ discharge	\$1	\$3	\$3
North Dakota		Yes	0%	\$2	\$0	\$75	\$0	\$3	\$3
Ohio		Yes	0%	\$0	\$3	\$0	\$0	\$2	\$3
Oregon			--	--	--	--	--	--	--
Pennsylvania ¹¹		Yes	0%	\$0.65-\$3.80	\$0.50-\$3	\$3/day	\$1	\$3	\$3
Rhode Island			--	--	--	--	--	--	--
Vermont		Yes	0%	\$3	\$0	\$0	\$1-\$3	\$1-\$3	\$1-\$3
Virginia		Yes	0%	\$1	\$75	\$75	\$1	\$3	\$3
Washington			--	--	--	--	--	--	--
West Virginia ¹²		Yes	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
Expansion Not Yet Implemented (17 states)									
Total	0	1	1	1	0	1	1	1	1
Alabama									
Florida									
Georgia									
Idaho									
Kansas									
Mississippi									
Missouri									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Wisconsin ¹³		Yes	>0%	\$0.50-\$3	\$0	\$3	\$1	\$3	\$3
Wyoming									

SOURCE: Based on a national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019. Table presents rules in effect as of January 1, 2019.

Table 20 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 service. Cost sharing and premiums may not exceed 5% of household income.
2. Arkansas may charge enrollees with incomes above 100% of the federal poverty level (FPL) a monthly premium of up to 2% of income. Expansion adults with incomes above 100% FPL pay \$8 for a non-preventive primary care visit and \$10 for a specialist visit.
3. In Delaware, adults have a \$15 per month cap on out-of-pocket expenses from copayments.
4. 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. Indiana changed its monthly payments to a tiered structure instead of a flat 2% of income, added a tobacco surcharge of 50% of the normal monthly contribution if the member has been a tobacco user for the past year, and removed the \$25 copay for subsequent non-emergency use of the emergency room in 2018.
5. In Iowa, under Section 1115 waiver authority, Medicaid expansion beneficiaries above 100% FPL pay contributions of \$10 per month. Beneficiaries at or above 50% FPL through 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.
6. In Massachusetts, premiums are also charged for some adults with incomes above 150% FPL covered through waiver programs. 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.
7. 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 with incomes greater than 100% FPL have cost sharing listed in the table. For expansion adults with incomes less than or equal to 100% FPL cost sharing is: non-preventative physician visit is \$2, non-emergency use of ER is \$3, inpatient hospital visit is \$50, preferred drugs are \$1, and non-preferred drugs are \$3. 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.

8. In Michigan and Montana, copayments vary by income levels. The values shown before the “|” represent copayments for individuals with incomes less than or equal to 100% FPL, whereas the values after the “|” represent copayments for individuals with incomes above 100% FPL.
9. In Montana, under Section 1115 waiver authority, non-medically frail expansion adults with incomes above 50% FPL have monthly premiums of 2% of income. Enrollees receive a credit toward their copayment obligations in the amount of their premiums. 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 (the maximum disenrollment period is 3 months). 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. Effective January 2019, New Hampshire decreased cost sharing for expansion adults to match those charged to 1931 parents.
11. In Pennsylvania, the inpatient hospital copayment is subject to a maximum of \$21 per stay.
12. 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%.
13. Wisconsin offers Medicaid coverage to childless adults up to 100% FPL but has not adopted the ACA Medicaid expansion. Copayments begin above 0% FPL.