Table 17: Cost								
	Family Income at 151% FPL (or 150% if upper eligibility limit)				Family Income at 201% FPL (or 200% if upper eligibility limit)			
State	Non- Preventive Physician Visit	ER Visit	Non- Emergency Use of ER	Inpatient Hospital Visit	Non- Preventive Physician Visit		Non- Emergency Use of ER	Inpatient Hospital Visit
Total	18	13	16	14	18	13	16	13
Alabama	\$13	\$60	\$60	\$200	\$13	\$60	\$60	\$200
Alaska								
Arizona								
Arkansas	\$10	\$10	\$10	20% of reimbursement rate for first day	\$10	\$10	\$10	20% of reimbursement rate for first day
California								
Colorado	\$5	\$30	\$30	\$20	\$10	\$50	\$50	\$50
Connecticut	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0
Delaware								
District of Columbia								
Florida ²	\$5	\$10	\$10	\$0	\$5	\$10	\$10	\$0
Georgia	\$0.50-\$3	\$0	\$0	\$12.50	\$0.50-\$3	\$0	\$0	\$12.50
Hawaii		φo 	φo 					
Idaho	\$3.65	\$0	\$3.65	\$0	N/A	N/A	N/A	N/A
Illinois	\$3.90	\$0	\$0	\$3.90/day	\$5	\$5	\$25	\$5/day
Indiana	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
lowa	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$0
Kansas								
Kentucky ³								
Louisiana								
Maine								
Maryland								
Massachusetts								
Michigan								
Minnesota								
Mississippi	\$5	\$15	\$15	\$0	\$5	\$15	\$15	\$0
Missouri	Ψ5	ψ13 	Ψ15	ψ0 	ψ5 	ψ13 	ψ13 	ψ0
Montana	\$3	\$5	\$5	\$25	\$3	\$5	\$5	\$25
Nebraska	ψo 	φo 		Ψ20 			φ υ	Ψ20
Nevada								
New Hampshire								
New Jersey	\$5	\$10	\$10	\$0	\$5	\$35	\$35	\$0
New Mexico ³	ψ5 	Ψ10 	ΨΙΟ	ΨΟ	Ψ5	ψ55 	ψ55 	ΨO
New York								
North Carolina	\$5	\$0	\$10	\$0	\$5	\$0	\$25	\$0
North Dakota	\$0	\$5	\$10 \$5	\$50	N/A	N/A	N/A	N/A
Ohio			φυ 	φ5U 	IN/A		IN/A	IV/A
Oklahoma							== ==	
Oregon								
	\$0				\$0			
Pennsylvania ^{2,4}		\$0	\$0	\$0	·	\$0	\$0	\$0
Rhode Island								
South Carolina								
South Dakota		 040 l 0==	 040 L 0 = 0	 ФЕ I Ф / 22	 ΦΕΙΦ4Ε/ΦΩΣ	 ¢=0	 0=0	 #4.00
Tennessee ^{2,5}	\$5	\$10 \$50	\$10 \$50	\$5 \$100	\$5 \$15/\$20	\$50	\$50	\$100
Texas	\$5	\$0	\$5	\$35	\$25	\$0	\$75	\$125
Utah ⁶	\$25/\$40	\$300	\$100-\$200	20% daily reimbursement rate	\$25/\$40	\$300	\$100-\$200	20% daily reimbursement rate
Vermont								
Virginia	\$5	\$5	\$25	\$25	\$5	\$5	\$25	\$25
Washington								
West Virginia ^{2,7}	\$15	\$35	\$35	\$25	\$20	\$35	\$35	\$25
Wisconsin ⁸	\$0.50-\$3	\$0	\$0	\$3	\$0.50-\$3	\$0	\$0	\$3
Wyoming ²	\$10	\$25	\$25	\$50	\$10	\$25	\$25	\$50

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 17 Notes

- 1. If a state charges cost sharing for selected services or drugs shown in Tables 17 and 18 but either does not charge them at the income level shown or for the specific service, it is recorded as \$0; if a state does not provide coverage at a particular income level, it is noted as "N/A;" if a state does not charge copayments at all, it is noted as "--". Some states require 18-year-olds to meet the copayments of adults in Medicaid. These data are not shown.
- 2. In Florida, Pennsylvania, Tennessee, West Virginia, and Wyoming, the emergency room copayment is waived if the child is admitted.
- 3. Kentucky and New Mexico eliminated copayments for children in 2018.
- 4. Pennsylvania charges cost sharing starting at >208% of the federal poverty level (FPL), so no charges are reported in the table.
- 5. Tennessee covers children in its regular Medicaid program, called TennCare, with incomes up to 195% of the federal poverty level (FPL) for infants, 142% for children ages 1 5, and 133% FPL for children 6 18. Children who lose eligibility in TennCare qualify for coverage under a Medicaid expansion program, called TennCare Standard, if they are uninsured, have no access to insurance, and have family incomes below 211% FPL. Tennessee also operates a separate CHIP program, called Cover Kids, which covers uninsured children of all ages who do not qualify for TennCare or TennCare Standard and have incomes below 250% FPL. Children enrolled in TennCare have no copayments. The values shown before the "|" represent copayments for children enrolled in TennCare Standard, whereas the values after the "|" represent copayments for a primary care provider, whereas the values after the "/" represent copayments for a primary care provider, whereas the values after the "/" represent copayments for a provider that is a specialist.
- 6. Utah has a \$40 deductible for all hospital services for families with incomes up to 150% FPL. Families with incomes above 150% FPL have a \$500 per child or \$1,500 per family deductible for hospital services. In Utah, for a non-preventive physician visit, the value before the "/" is the copayment amount for a visit with a primary care doctor, the value after the "/" is the copayment for a visit with a specialist.
- 7. In West Virginia, the copayment for a non-preventive physician visit is waived if the child goes to his or her medical home.
- 8. In Wisconsin, the copayment for children's non-preventive physician visits will vary depending on the cost of the visit.