

Premium, Enrollment Fee, and Copayment Requirements for Children¹

State	Required in Medicaid	Required in CHIP	Income at Which Premiums Begin	Requirements Required in Medicaid	Required in CHIP	Income at Which Copays Begin
			(% FPL)	careara		(% FPL)
Total	5	30	N/A	3	26	N/A
Alabama ²		Υ	101%		Υ	101%
Alaska		N/A			N/A	
Arizona		Y	101%			
Arkansas		N/A		Υ	N/A	200%
California		Υ	101%		Υ	101%
Colorado ³		Y	151%		Y	101%
Connecticut		Υ	235%		Υ	185%
Delaware⁴		Y	101%		Y	101%
District of Columbia		N/A			N/A	
Florida⁵		Υ	101%		Υ	101%
Georgia ⁶		Υ	101%		Υ	101%
Hawaii		N/A			N/A	
Idaho		Y	133%		Υ	133%
Illinois		Υ	151%		Υ	134%
Indiana		Υ	150%		Υ	150%
Iowa		Υ	150%		Υ	151%
Kansas		Υ	151%			
Kentucky					Υ	101%
Louisiana		Υ	201%		Υ	201%
Maine		Υ	151%			
Maryland ⁷	Υ	N/A	200%		N/A	
Massachusetts		Υ	150%			
Michigan		Υ	151%			
Minnesota ⁸	Υ	N/A	201%		N/A	
Mississippi					Υ	150%
Missouri ⁹		Υ	150%			
Montana					Y	133%
Nebraska		N/A			N/A	
Nevada ¹⁰		Υ	36%			
New Hampshire ¹¹		N/A			N/A	
New Jersey ¹³		Υ	201%		Υ	151%
New Mexico		N/A		Υ	N/A	185%
New York		Υ	160%			
North Carolina		Υ	151%		Υ	100%
North Dakota					Υ	100%
Ohio		N/A			N/A	
Oklahoma		N/A			N/A	
Oregon ¹³		Υ	201%		Υ	201%
Pennsylvania ¹⁴		Y	201%		Y	201%
Rhode Island	Y	N/A	150%		N/A	
South Carolina		N/A			N/A	
South Dakota						
Tennessee					Υ	101%
Texas ¹⁵		Y	151%		Y	101%
Utah ¹⁶		Y	101%		Υ	101%
Vermont	Y	Υ	186%			
Virginia		, ;	20:01		Υ	134%
Washington		Y	201%		.,	4040/
West Virginia	\ <u>'</u>	Y	201%	\ <u>'</u>	Y	101%
Wisconsin ¹⁷	Y	Υ	200%	Y	Y	101%
Wyoming					Υ	101%



- 1. Except for "mandatory children" (children under age six with family income below 133% of the FPL and children ages six to 17 with family income below 100% of the FPL), a state may impose premiums for children, with some limitations based on family income. Co-payments are also allowed, with some restrictions for children with family incomes up to 150% of the FPL. In general, states cannot adopt cost sharing or premium policies that impose costs that exceed 5% of family income or that favor higher-income families over lower-income families. They also are prohibited from imposing cost sharing for well-baby and well-child care, including immunizations. Some states require 18-year-olds to meet the co-payments of adults in Medicaid. These data are not shown.
- 3. Colorado increased CHIP copayments for emergency and non-emergency room visits, inpatient hospital room visits and brand-name drugs in July 2012.
- 4. Delaware charges a copayment in CHIP for non-emergency use of the emergency room. For infants, the copayment charge begins at 186% FPL, and for children age 1-5, the copayment begins at 134% FPL.
- 5. Florida operates two CHIP-funded separate programs. Healthy Kids covers children ages 5 through 19, as well as younger siblings in some locations. MediKids covers children ages 1 through 4. Children in MediKids pay premiums, while children in Healthy Kids pay premiums and copayments.
- 6. Children under age 6 in Georgia are exempt from CHIP premiums. The state implemented new copayments in CHIP for physicians, hospital visits, and drugs in 2012.
- 7. In Maryland, most children are enrolled in MCOs and only have co-pays for mental health and HIV/AIDS drugs. Premiums decreased in 2012, due to annual indexing.
- 8. In Minnesota, premiums only apply in MinnesotaCare (1115 waiver). The state received approval in June 2011 for an amendment to eliminate premiums for children at or below 200% FPL and implemented the change for applicants and enrollees in October 2012. Premiums for children between 201% FPL and 250% FPL increased automatically with an increase in federal poverty level.
- 9. In Missouri, CHIP premiums for children at 200% FPL and 250% FPL as part of a routine annual adjustment.
- 10. In Nevada, although Medicaid covers children in families with income up to 100% or 133% FPL, some children with lower incomes may qualify for CHIP depending on the source of income and family composition. Such families with incomes at or above 36% of the FPL are required to pay premiums.
- 11. New Hampshire eliminated premiums and cost sharing in CHIP when it converted its separate CHIP program into a Medicaid expansion in 2012.
- 12. In New Jersey, premiums increased as part of an annual adjustment in 2012.