

**Table 15**  
**Premium, Enrollment Fee, and Cost-Sharing Requirements for Children**  
**January 2016**

State	Premiums/Enrollment Fees			Cost-Sharing		
	Required in Medicaid	Required in CHIP (Total = 36)	Lowest Income at Which Premiums Begin (Percent of the FPL) <sup>1</sup>	Required in Medicaid	Required in CHIP (Total = 36)	Lowest Income at Which Cost-Sharing Begins (Percent of the FPL) <sup>1</sup>
<b>Total</b>	<b>4</b>	<b>26</b>		<b>3</b>	<b>25</b>	
Alabama		Y	>141%		Y	>141%
Alaska		N/A (M-CHIP)			N/A (M-CHIP)	
Arizona		Y	>133%			
Arkansas					Y	>142%
California	Y	N/A (M-CHIP)	>160%		N/A (M-CHIP)	
Colorado		Y	>157%		Y	>142%
Connecticut		Y	>249%		Y	>196%
Delaware <sup>2</sup>		Y	>142%		Y	>142%
District of Columbia		N/A (M-CHIP)			N/A (M-CHIP)	
Florida		Y	>133%		Y	>133%
Georgia		Y	>133%		Y	>133%
Hawaii		N/A (M-CHIP)			N/A (M-CHIP)	
Idaho		Y	>142%		Y	>142%
Illinois		Y	>157%		Y	>142%
Indiana		Y	>158%		Y	>158%
Iowa		Y	>182%		Y	>182%
Kansas		Y	>166%			
Kentucky					Y	>139%
Louisiana		Y	>212%			
Maine		Y	>157%			
Maryland	Y	N/A (M-CHIP)	>211%		N/A (M-CHIP)	
Massachusetts		Y	>150%			
Michigan <sup>3</sup>	Y	N/A (M-CHIP)	>160%		N/A (M-CHIP)	
Minnesota		N/A (M-CHIP)			N/A (M-CHIP)	
Mississippi					Y	>150%
Missouri		Y	>150%			
Montana					Y	>142%
Nebraska		N/A (M-CHIP)			N/A (M-CHIP)	
Nevada		Y	>133%			
New Hampshire		N/A (M-CHIP)			N/A (M-CHIP)	
New Jersey		Y	>200%		Y	>150%
New Mexico <sup>4</sup>		N/A (M-CHIP)		Y	N/A (M-CHIP)	>190%
New York		Y	>160%			
North Carolina		Y	>159%		Y	>133%
North Dakota					Y	>133%
Ohio		N/A (M-CHIP)			N/A (M-CHIP)	
Oklahoma		N/A (M-CHIP)			N/A (M-CHIP)	
Oregon						
Pennsylvania		Y	>208%		Y	>208%
Rhode Island		N/A (M-CHIP)			N/A (M-CHIP)	
South Carolina		N/A (M-CHIP)			N/A (M-CHIP)	
South Dakota						
Tennessee <sup>5</sup>				Y	Y	>100%
Texas		Y	>150%		Y	>133%
Utah		Y	>133%		Y	>133%
Vermont	Y	N/A (M-CHIP)	>195%		N/A (M-CHIP)	
Virginia					Y	>143%
Washington		Y	>210%			
West Virginia		Y	>211%		Y	>133%
Wisconsin		Y	>200%	Y	Y	>133%
Wyoming					Y	>133%

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, 2016.

Table presents rules in effect as of January 1, 2016.

## TABLE 15 NOTES

1. In a number of states, the income at which premiums or cost-sharing begin may vary by the child's age since Medicaid and CHIP eligibility levels vary by age and some states exempt younger children from cost-sharing. The reported income eligibility limits at which premiums and cost-sharing begin do not reflect the five percentage points of FPL disregard that applies to eligibility determinations, although this disregard may apply when the income level at which premiums or cost-sharing applies aligns with the eligibility cutoff between Medicaid and separate CHIP programs.
2. Delaware increased the income level at which premiums and cost-sharing begin from 133% FPL to 143% FPL effective January 2016.
3. Michigan implemented premiums for children in Medicaid when it transitioned all children from its separate CHIP program to a CHIP-funded Medicaid expansion program effective January 2016.
4. In New Mexico, most cost-sharing applies to children covered through the CHIP-funded Medicaid expansion, which begins at 190% FPL. For children with income below this income limit, the only cost-sharing that applies is the \$3 per brand name drug when there is a less expensive drug available and the \$8 for non-emergent use of the emergency room.
5. Tennessee has waiver authority to charge cost-sharing for children between 100% and 133% FPL.

**Table 16**  
**Premiums and Enrollment Fees for Children at Selected Income Levels**  
**January 2016**

State	Premiums/Enrollment Fees at: <sup>1,2</sup>				
	151% FPL (or 150% if upper limit)	201% (or 200% if upper limit)	251% FPL (or 251% if upper limit)	301% FPL (or 300% if upper limit)	351% FPL (or 350% if upper limit)
<b>MONTHLY PAYMENTS (24 states)</b>					
Arizona <sup>3</sup>	\$40 \$60	\$50 \$70	N/A	N/A	N/A
California <sup>3</sup>	\$0	\$13 \$26 \$39	\$13 \$26 \$39	N/A	N/A
Connecticut <sup>3</sup>	\$0	\$0	\$30 \$50	\$30 \$50	N/A
Delaware <sup>4,5</sup>	\$15	\$25	N/A	N/A	N/A
Florida	\$15	\$20	N/A	N/A	N/A
Georgia	\$20	\$29	N/A	N/A	N/A
Idaho	\$15	N/A	N/A	N/A	N/A
Illinois <sup>3,6</sup>	\$0	\$15 \$25	\$40 \$80	\$40 \$80	N/A
Indiana <sup>3</sup>	\$0	\$33 \$50	\$53 \$70	N/A	N/A
Iowa <sup>3</sup>	\$0	\$10 \$20	\$20 \$40	\$20 \$40	N/A
Kansas	\$0	\$30	N/A	N/A	N/A
Louisiana <sup>4</sup>	\$0	\$0	\$50	N/A	N/A
Maine	\$0	\$32	N/A	N/A	N/A
Maryland <sup>4</sup>	\$0	\$0	\$66	\$66	N/A
Massachusetts	\$12	\$20	\$28	\$28	N/A
Michigan <sup>4</sup>	\$0	\$10	N/A	N/A	N/A
Missouri <sup>3,7</sup>	\$19 \$23 \$28	\$61 \$77 \$93	\$148 \$186 \$224	\$148 \$186 \$224	N/A
New Jersey	\$0	\$43	\$86	\$144.50	\$144.50
New York	\$0	\$9	\$30	\$45	\$60
Pennsylvania <sup>8</sup>	\$0	\$0	\$70	\$80	N/A
Vermont <sup>4,9</sup>	\$0	\$15	\$20 \$60	\$20 \$60	N/A
Washington	\$0	\$0	\$20	\$30	N/A
West Virginia <sup>3</sup>	\$0	\$0	\$35 \$71	\$35 \$71	N/A
Wisconsin	\$0	\$10	\$34	\$97	N/A
<b>QUARTERLY PAYMENTS (2 states)</b>					
Nevada	\$50	\$80	N/A	N/A	N/A
Utah <sup>4</sup>	\$75	\$75	N/A	N/A	N/A
<b>ANNUAL PAYMENTS (4 states)</b>					
Alabama <sup>10</sup>	\$104	\$104	\$104	\$104	N/A
Colorado <sup>3</sup>	\$0	\$25 \$35	\$75 \$105	N/A	N/A
North Carolina <sup>3</sup>	\$0	\$50 \$100	N/A	N/A	N/A
Texas	\$35	\$50	N/A	N/A	N/A
<b>NO PREMIUMS OR ENROLLMENT FEES (21 states)</b>					
Alaska	--	--	--	--	--
Arkansas	--	--	--	--	--
District of Columbia	--	--	--	--	--
Hawaii	--	--	--	--	--
Kentucky	--	--	--	--	--
Minnesota	--	--	--	--	--
Mississippi	--	--	--	--	--
Montana	--	--	--	--	--
Nebraska	--	--	--	--	--
New Hampshire	--	--	--	--	--
New Mexico	--	--	--	--	--
North Dakota	--	--	--	--	--
Ohio	--	--	--	--	--
Oklahoma	--	--	--	--	--
Oregon	--	--	--	--	--
Rhode Island	--	--	--	--	--
South Carolina	--	--	--	--	--
South Dakota	--	--	--	--	--
Tennessee	--	--	--	--	--
Virginia	--	--	--	--	--
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, 2016.

Table presents rules in effect as of January 1, 2016.

## TABLE 16 NOTES

1. N/A indicates that coverage is not available at the specified income level. If a state does not charge premiums at all, it is noted as "-".
2. Enrollment fees are charged annually and families are typically not allowed to enroll in coverage without paying the fee.
3. In Arizona, California, Connecticut, Illinois, Indiana, Iowa, Missouri, West Virginia, Colorado, and North Carolina the values before the vertical line represent premiums or enrollment fees for one child. Those after the line represent premiums for two or more children.
4. In Delaware, Louisiana, Maryland, Michigan, Vermont, and Utah, premiums are family-based and not based on costs per child.
5. Delaware has an incentive system for premiums where families can pay three months and get one premium-free month, pay six months and get two premium-free months, and pay nine months and get three premium-free months.
6. In Illinois, CHIP premiums are \$15 per child, \$25 for two children, and \$5 for each additional child up to a \$40 maximum for families with incomes below 208% FPL. Above 208% FPL, families pay \$40 per child or \$80 for two or more children.
7. In Missouri premiums vary by family size. Amounts shown are for 2-person, 3-person, and 4-person family. Rates increase based on family size with no cap.
8. In Pennsylvania, premiums vary by contractor. The average amount is shown.
9. In Vermont, for those above 238% FPL, the monthly charge is \$20 if the family has other health insurance and \$60 if there is no other health insurance.
10. Alabama's annual fee is not required before a child enrolls in coverage, nor is a child disenrolled for nonpayment in the first year. Following the annual renewal, families have 30 days to pay the annual enrollment fee to avoid disenrollment.

**Table 17**  
**Disenrollment Policies for Non-Payment of Premiums in Children's Coverage**  
**January 2016**

State	Grace Period (amount of time) Before a Child Loses Coverage for Nonpayment of Premiums <sup>1</sup>	After Disenrollment for Failure to Pay Premiums:		
		Lock-Out Period in Separate CHIP Program <sup>2</sup>	Families Must Reapply for Coverage to Reenroll	Retroactive Reinstatement of Coverage if Family Pays Outstanding Premiums
<b>Total</b>		<b>14</b>	<b>16</b>	<b>7</b>
<b>MONTHLY PAYMENTS (24 states)</b>				
Arizona	60 days	Enrollment Closed	Enrollment Closed	Enrollment Closed
California	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Connecticut <sup>3,4</sup>	Until Renewal	None		N/A
Delaware	60 days	None		Y
Florida <sup>5</sup>	30 days	1 month		
Georgia <sup>6</sup>	60 days	1 month		Y
Idaho <sup>3</sup>	Until Renewal	None	Y	N/A
Illinois	60 days	None		Y
Indiana	60 days	90 days		
Iowa	44 days	None	Y	
Kansas	60 days	90 days	Y	
Louisiana <sup>7</sup>	60 days	90 days	Y	
Maine <sup>8</sup>	12 months	up to 90 days	Y	
Maryland	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Massachusetts <sup>9</sup>	60 days	90 days		
Michigan <sup>10</sup>	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Missouri <sup>11</sup>	30 days	90 days	Y	
New Jersey <sup>12</sup>	60 days	90 days		
New York <sup>13</sup>	30 days	None	Y	
Pennsylvania <sup>14</sup>	90 days	90 days	Y	Y
Vermont <sup>15</sup>	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Washington <sup>16</sup>	90 days	90 days	Y	Y
West Virginia <sup>3,17</sup>	Until Renewal	None		N/A
Wisconsin <sup>18</sup>	60 days	90 days	Y	Y
<b>QUARTERLY PAYMENTS (2 states)</b>				
Nevada <sup>19</sup>	60 days	90 days	Y	
Utah	30 days	90 days	Y	Y
<b>ANNUAL PAYMENTS (4 states)</b>				
Alabama <sup>20</sup>	--	--	--	--
Colorado	--	--	--	--
North Carolina	--	--	--	--
Texas	--	--	--	--
<b>NO PREMIUMS OR ENROLLMENT FEES (21 states)</b>				
Alaska	--	--	--	--
Arkansas	--	--	--	--
District of Columbia	--	--	--	--
Hawaii	--	--	--	--
Kentucky	--	--	--	--
Minnesota	--	--	--	--
Mississippi	--	--	--	--
Montana	--	--	--	--
Nebraska	--	--	--	--
New Hampshire	--	--	--	--
New Mexico	--	--	--	--
North Dakota	--	--	--	--
Ohio	--	--	--	--
Oklahoma	--	--	--	--
Oregon	--	--	--	--
Rhode Island	--	--	--	--
South Carolina	--	--	--	--
South Dakota	--	--	--	--
Tennessee	--	--	--	--
Virginia	--	--	--	--
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, 2016.

Table presents rules in effect as of January 1, 2016.

## TABLE 17 NOTES

1. This column indicates the grace period for payment of Medicaid or CHIP premiums before a child is disenrolled from coverage. If premiums are charged in Medicaid, a state must provide a 60-day grace period. CHIPRA required states to provide a minimum 30-day premium payment grace period under CHIP before cancelling a child's coverage.
2. A lock-out period is a period of time during which the disenrolled person is prohibited from returning to the CHIP program. Lock-outs are not permitted in Medicaid and the ACA limited such lock-out periods in CHIP to no more than 90 days.
3. Connecticut, Idaho and West Virginia do not disenroll children for unpaid premiums in CHIP. Renewal is considered a new application, and families need to pay the initial month to continue coverage at renewal. Retroactive coverage does not apply because there are no gaps in coverage since a child is not disenrolled until renewal.
4. Connecticut stopped disenrolling children for unpaid premiums in CHIP during 2015.
5. In Florida, children are locked out for one month for nonpayment of the premium but they do not need to reapply if the child is within the 12-month continuous eligibility period.
6. In Georgia, if a child who is disenrolled for nonpayment of premium re-enrolls within 90 days, eligibility must be re-verified but no new application is needed.
7. In Louisiana, children in the 12-month continuous eligibility period do not need to reapply for coverage.
8. In Maine, for each month there is an unpaid premium, there is a month of ineligibility up to a maximum of 3 months. The penalty period begins in the first month following the enrollment period in which the premium was overdue. For example, if a family does not pay the last 2 months of premiums, they will have a 2-month penalty. If they do not pay 3 or more months, they will have a 3-month lock-out period. Families can re-enroll if they pay back-owed premiums.
9. In Massachusetts, families must reapply for coverage if their application is more than 12 months old. Premiums that are more than 24 months overdue are waived. After the 90-day lock-out period children may re-enroll for prospective coverage without paying the past due premiums. Children may re-enroll for prospective coverage during the 90-day lock-out period if the past due premiums are paid, if a payment plan is set up, or if the family is determined eligible for a premium waiver.
10. In Michigan, the grace period increased from 30 days to 60 days as a result of the transition from a separate CHIP program to a CHIP-funded Medicaid expansion program effective January 2016.
11. In Missouri, only children in families with incomes above 225% FPL are subject to the lock-out period.
12. New Jersey implemented a 90-day lock out period in its CHIP program in 2015.
13. In New York, if the family pays the premium within 30 days of cancellation they do not need to reapply for coverage.
14. In Pennsylvania, if the family pays past due premiums prior to the end of the renewal period, they do not have to re-apply for coverage.
15. In Vermont, if the premium is paid in the calendar month after the child lost coverage, the family does not have to reapply.
16. In Washington, the family must reapply only if they do not pay the past due premium. If they pay the premium then coverage is automatically reinstated back to the month coverage ended for non-payment of premiums.
17. In West Virginia, children are not disenrolled for non-payment of premiums, but past due amounts are subject to third-party collections after 120 days.
18. In Wisconsin, only families that reapply within 3 months after losing coverage are required to repay past due premiums.
19. In Nevada, if a family pays during the lockout period, they are enrolled effective the next month. If they do not during the lockout period, they must reapply.

20. Alabama's annual enrollment fee is not required before a child enrolls in coverage, nor is a child disenrolled for nonpayment in the first year. Following the annual renewal, families have 30 days to pay the annual enrollment fee to avoid disenrollment.

**Table 18**  
**Cost-Sharing Amounts for Selected Services for Children at Selected Income Levels<sup>1</sup>**  
**January 2016**

State	Family Income at 151% FPL (or 150% if upper eligibility limit)				Family Income at 201% FPL (or 200% if upper eligibility limit)			
	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Inpatient Hospital Visit
<b>Total</b>	<b>19</b>	<b>13</b>	<b>20</b>	<b>15</b>	<b>20</b>	<b>13</b>	<b>20</b>	<b>15</b>
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	\$0	\$0	\$10	\$0	\$0	\$0	\$10	\$0
District of Columbia	--	--	--	--	--	--	--	--
Florida <sup>2</sup>	\$5	\$10	\$10	\$0	\$5	\$10	\$10	\$0
Georgia	\$0.50-\$3	\$0	\$10	\$12.50	\$0.50-\$3	\$0	\$10	\$12.50
Hawaii	--	--	--	--	--	--	--	--
Idaho	\$4	\$0	\$4	\$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
Iowa	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$0
Kansas	--	--	--	--	--	--	--	--
Kentucky <sup>3</sup>	\$3	\$0	\$8	\$50	\$3	\$0	\$8	\$50
Louisiana	--	--	--	--	--	--	--	--
Maine	--	--	--	--	--	--	--	--
Maryland	--	--	--	--	--	--	--	--
Massachusetts	--	--	--	--	--	--	--	--
Michigan	--	--	--	--	--	--	--	--
Minnesota	--	--	--	--	--	--	--	--
Mississippi	\$5	\$15	\$15	\$0	\$5	\$15	\$15	\$0
Missouri	--	--	--	--	--	--	--	--
Montana <sup>4</sup>	\$3	\$5	\$5	\$25	\$3	\$5	\$5	\$25
Nebraska	--	--	--	--	--	--	--	--
Nevada	--	--	--	--	--	--	--	--
New Hampshire	--	--	--	--	--	--	--	--
New Jersey	\$5	\$10	\$10	\$0	\$5	\$35	\$35	\$0
New Mexico <sup>5</sup>	\$0	\$0	\$8	\$0	\$5	\$0	\$8	\$25
New York	--	--	--	--	--	--	--	--
North Carolina	\$5	\$0	\$10	\$0	\$5	\$0	\$25	\$0
North Dakota	\$0	\$5	\$5	\$50	N/A	N/A	N/A	N/A
Ohio	--	--	--	--	--	--	--	--
Oklahoma	--	--	--	--	--	--	--	--
Oregon	--	--	--	--	--	--	--	--
Pennsylvania <sup>2,6</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rhode Island	--	--	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--	--	--
South Dakota	--	--	--	--	--	--	--	--
Tennessee <sup>2,7</sup>	\$5   \$15/\$20	\$5   \$50	\$10   \$50	\$5   \$100	\$15/\$20	\$50	\$50	\$100
Texas	\$20	\$0	\$75	\$75	\$25	\$0	\$75	\$125
Utah <sup>8</sup>	\$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 <sup>2,9</sup>	\$15	\$35	\$35	\$25	\$20	\$35	\$35	\$25
Wisconsin	\$0.50-\$3	\$0	\$0	\$3	\$0.50-\$3	\$0	\$0	\$3
Wyoming <sup>2</sup>	\$10	\$25	\$25	\$50	\$10	\$25	\$25	\$50

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, 2016.

Table presents rules in effect as of January 1, 2016.



## TABLE 18 NOTES

1. If a state charges cost-sharing for selected services or drugs shown in Tables 18 and 19, 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. In Kentucky, enrollees are charged 5% coinsurance for non-emergency use of the emergency room, which is capped at \$8.
4. In Montana, cost-sharing is limited to \$215 per family.
5. In New Mexico, most cost-sharing applies to children covered through the CHIP-funded Medicaid expansion, which begins at 190% FPL. For children with incomes below this income limit, the only cost-sharing that applies is the \$3 for unnecessary use of a brand name drug and \$8 for non-emergent use of the emergency room.
6. Pennsylvania charges cost-sharing but it does not begin charging until >208% FPL, so no charges are reported in the table.
7. Tennessee covers children in its regular Medicaid program, called TennCare, with incomes up to 195% 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 children enrolled in Cover Kids. The values shown before a "/" represent copayments for a primary care provider, whereas the values after the "/" represent copayments for a provider that is a specialist.
8. Utah has a \$300 deductible in CHIP. 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.
9. In West Virginia, the copayment for a non-preventive physician visit is waived if the child goes to his or her medical home.

**Table 19**  
**Cost-Sharing Amounts for Prescription Drugs for Children at Selected Income Levels<sup>1</sup>**  
**January 2016**

State	Family Income at 151% FPL (or 150% if upper limit)			Family Income at 201% FPL (or 200% if upper limit)		
	Generic	Preferred Brand Name	Non-Preferred Brand Name	Generic	Preferred Brand Name	Non-Preferred Brand Name
<b>Total</b>	<b>16</b>	<b>17</b>	<b>15</b>	<b>18</b>	<b>19</b>	<b>16</b>
Alabama	\$5	\$25	\$28	\$5	\$25	\$28
Alaska	--	--	--	--	--	--
Arizona	--	--	--	--	--	--
Arkansas	\$5	\$5	\$5	\$5	\$5	\$5
California	--	--	--	--	--	--
Colorado	\$3	\$10	N/C	\$5	\$15	N/C
Connecticut	\$0	\$0	\$0	\$5	\$10	\$10
Delaware	\$0	\$0	\$0	\$0	\$0	\$0
District of Columbia	--	--	--	--	--	--
Florida	\$5	\$5	\$5	\$5	\$5	\$5
Georgia	\$0.50	\$0.50-\$3	\$0.50-\$3	\$0.50	\$0.50-\$3	\$0.50-\$3
Hawaii	--	--	--	--	--	--
Idaho	\$0	\$0	\$0	N/A	N/A	N/A
Illinois	\$2	\$3.90	\$3.90	\$3	\$5	\$5
Indiana	\$0	\$0	\$0	\$3	\$10	\$10
Iowa	\$0	\$0	\$0	\$0	\$0	\$0
Kansas	--	--	--	--	--	--
Kentucky	\$1	\$4	\$8	\$1	\$4	\$8
Louisiana	--	--	--	--	--	--
Maine	--	--	--	--	--	--
Maryland	--	--	--	--	--	--
Massachusetts	--	--	--	--	--	--
Michigan	--	--	--	--	--	--
Minnesota	--	--	--	--	--	--
Mississippi	\$0	\$0	\$0	\$0	\$0	\$0
Missouri	--	--	--	--	--	--
Montana <sup>2</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Nebraska	--	--	--	--	--	--
Nevada	--	--	--	--	--	--
New Hampshire	--	--	--	--	--	--
New Jersey	\$1	\$5	\$5	\$5	\$5	\$5
New Mexico <sup>3</sup>	\$0	\$0	\$3	\$2	\$3	\$3
New York	--	--	--	--	--	--
North Carolina <sup>4</sup>	\$1	\$1	\$3	\$1	\$1	\$10
North Dakota	\$2	\$2	\$2	N/A	N/A	N/A
Ohio	--	--	--	--	--	--
Oklahoma	--	--	--	--	--	--
Oregon	--	--	--	--	--	--
Pennsylvania <sup>5</sup>	\$0	\$0	N/C	\$0	\$0	N/C
Rhode Island	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--
South Dakota	--	--	--	--	--	--
Tennessee <sup>6</sup>	\$1.50   \$5	\$3   \$20	\$3   \$40	\$1.50   \$5	\$3   \$20	\$3   \$40
Texas	\$10	\$35	N/C	\$10	\$35	N/C
Utah <sup>7</sup>	\$15	25% of cost	50% of cost	\$15	25% of cost	50% of cost
Vermont	--	--	--	--	--	--
Virginia	\$5	\$5	\$5	\$5	\$5	\$5
Washington	--	--	--	--	--	--
West Virginia	\$0	\$10	\$15	\$0	\$10	\$15
Wisconsin	\$1	\$3	\$3	\$1	\$3	\$3
Wyoming	\$5	\$10	N/C	\$5	\$10	N/C

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, 2016.

Table presents rules in effect as of January 1, 2016.

## TABLE 19 NOTES

1. If a state charges cost-sharing for selected services or drugs shown in Tables 18 and 19, 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 "-"; if a state does not cover a type of drug, it is noted as "N/C". Some states require 18-year-olds to meet the copayments of adults in Medicaid. These data are not shown.
2. In Montana, if families order prescriptions through the mail, they pay \$6 for a 3-month supply of a generic drug and \$10 for a 3-month supply of a brand-name drug.
3. In New Mexico, most cost-sharing applies to children covered through the CHIP-funded Medicaid expansion, which begins at 190% FPL. For children with incomes below this income limit, the only cost-sharing that applies is the \$3 for unnecessary use of a brand name drug and \$8 for non-emergent use of the emergency room.
4. In North Carolina, the copayment for brand-name drugs only applies if a generic version is available.
5. Pennsylvania charges cost-sharing but it does not begin charging until >208% FPL, so no charges are reported in the table.
6. Tennessee covers children in its regular Medicaid program, called TennCare, with incomes up to 195% 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 children enrolled in Cover Kids. The values shown before a “/” represent copayments for a primary care provider, whereas the values after the “/” represent copayments for a provider that is a specialist.
7. Utah charges a \$300 deductible.

**Table 20**  
**Premium and Cost-Sharing Requirements for Section 1931 Parents<sup>1</sup>**  
**January 2016**

State	Monthly Contribution/ 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
Total	1	40		26	22	28	37	39	38
Alabama		Y	0%	\$1.30-\$3.90	\$3.90	\$50	\$0.65-\$3.90	\$0.65-\$3.90	\$0.65-\$3.90
Alaska		Y	0%	\$10	\$0	\$50/day	\$3	\$3	\$3
Arizona		Y	0%	\$3.40	\$0	\$0	\$2.30	\$2.30	\$2.30
Arkansas		Y	0%	\$0	\$0	10% cost of first day	\$0.50-\$3.90	\$0.50-\$3.90	\$0.50-\$3.90
California		Y	0%	\$1	\$5	\$0	\$1	\$1	\$1
Colorado		Y	0%	\$2	\$3	\$10/day	\$1	\$3	\$3
Connecticut			--	--	--	--	--	--	--
Delaware		Y	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
District of Columbia			--	--	--	--	--	--	--
Florida <sup>2</sup>		Y	0%	\$2	5% of first \$300	\$3	\$0	\$0	\$0
Georgia		Y	0%	\$0	\$0	\$12.50	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
Hawaii			--	--	--	--	--	--	--
Idaho			--	--	--	--	--	--	--
Illinois		Y	0%	\$3.90	\$3.90	\$3.90/day	\$2	\$3.90	\$3.90
Indiana <sup>3</sup>	Y, >0%	Y	0%	\$4	\$8/\$25 subsequent visits	\$75	\$4	\$4	\$8
Iowa <sup>4</sup>		Y	0%	\$3	\$3	\$0	\$1	\$1	\$2-\$3
Kansas			--	--	--	--	--	--	--
Kentucky <sup>5</sup>		Y	0%	\$3	\$8	\$50	\$1	\$4	\$8
Louisiana		Y	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
Maine <sup>6</sup>		Y	0%	\$0	\$3	up to \$3/day	\$3	\$3	\$3
Maryland		Y	0%	\$0	\$0	\$3	\$1-\$3	\$1-\$5	\$1-\$5
Massachusetts <sup>7</sup>		Y	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan		Y	0%	\$0	\$0	\$0	\$1	\$1	\$1
Minnesota		Y	0%	\$3	\$3.50	\$0	\$1	\$3	\$3
Mississippi		Y	0%	\$3	\$0	\$10	\$3	\$3	\$3
Missouri		Y	0%	\$1	\$3	\$10	\$0.50-\$2	\$0.50-\$2	\$0.50-\$2
Montana <sup>8</sup>		Y	0%	\$4	\$4	\$75	\$1-\$4	\$1-\$4	\$1-\$4
Nebraska		Y	0%	\$2	\$0	\$15	\$2	\$2	\$3
Nevada			--	--	--	--	--	--	--
New Hampshire		Y	0%	\$0	\$0	\$0	\$1	\$2	\$2
New Jersey			--	--	--	--	--	--	--
New Mexico			--	--	--	--	--	--	--
New York <sup>9</sup>		Y	100%	\$0	\$3	\$25/discharge	\$1	\$3	\$3
North Carolina		Y	0%	\$3	\$0	\$3/day	\$3	\$3	\$3
North Dakota		Y	0%	\$2	\$3	\$75	\$0	\$3	\$3
Ohio		Y	0%	\$0	\$3	\$0	\$0	\$2	\$3
Oklahoma <sup>10</sup>		Y	0%	\$4	\$4	\$10/day; \$90 max	\$4	\$4	\$4
Oregon <sup>11</sup>		Y	0%	\$0	\$3	\$0	\$2	\$3	\$3
Pennsylvania <sup>12</sup>		Y	0%	\$0.65-\$3.80	\$0.50-\$3	\$3/day	\$1	\$3	\$3
Rhode Island			--	--	--	--	--	--	--
South Carolina		Y	0%	\$2.30	\$0	\$25	\$3.40	\$3.40	\$3.40
South Dakota		Y	0%	\$3	full amount	\$50	\$1	\$3.30	N/C
Tennessee		Y	0%	\$0	\$0	\$0	\$1.50	\$3	\$3
Texas			--	--	--	--	--	--	--
Utah <sup>13</sup>		Y	>40%	\$3	\$6	\$220	\$3	\$3	\$3
Vermont		Y	0%	\$0	\$0	\$75	\$1-\$3	\$1-\$3	\$1-\$3
Virginia		Y	0%	\$1	\$0	\$100	\$1	\$3	\$3
Washington			--	--	--	--	--	--	--
West Virginia <sup>14</sup>		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
Wisconsin <sup>15</sup>		Y	0%	\$0.50-\$3	\$0	\$3	\$1	\$3	\$3
Wyoming		Y	0%	\$2.45	\$3.65	\$0	\$0.65	\$3.65	\$3.65

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, 2016.

Table presents rules in effect as of January 1, 2016.

## TABLE 20 NOTES

1. Data in the table present premiums or other monthly contributions and cost-sharing requirements for Section 1931 parents. If a state charges cost-sharing, but does not charge for the specific service, it is recorded as \$0; if a state does not charge cost-sharing at all, it is noted as "-"; if a state does not cover a type of drug, it is noted as "N/C". In some states, copayments vary based on the cost of the drug.
2. Florida increased copayments for some services during 2015.
3. Indiana implemented monthly contributions in 2015. In Indiana, Section 1931 parents who fail to pay monthly contributions will not be disenrolled but will receive HIP Basic, a more limited benefit package with state plan level copayments. In Indiana, copayments are only required if enrolled in HIP Basic. In the Plus plan, there are no copayments except for \$8 for first time use and \$25 for second time use of emergency room for a non-emergency.
4. In Iowa, charges are \$2 for non-preferred name brand drugs that cost between \$25.01 and \$50; and \$3 for non-preferred brand name drugs that cost >\$50.
5. In Kentucky, enrollees are charged 5% coinsurance for non-preferred brand-name drugs, capped at \$20.
6. In Maine, there are separate \$30 monthly maximums for inpatient hospital and drug copayments.
7. In Massachusetts, generic drugs for diabetes, high blood pressure and high cholesterol have a \$1 copayment. There is a cap of \$36 per year for non-pharmacy copayments and a cap of \$250 per year for pharmacy copayments.
8. Montana decreased copayments for some services during 2015.
9. New York eliminated copayments for parents and adults with incomes below 100% FPL in 2015.
10. Oklahoma increased copayments for prescription drugs during 2015.
11. In Oregon, there are no copayments for drugs ordered through home-delivery pharmacy programs.
12. In Pennsylvania, copayments vary based on the cost of service. The inpatient hospital copayment is subject to a maximum of \$21 per stay.
13. In Utah, enrollees under the TANF payment limit are exempt from paying copayments.
14. In West Virginia, drug copayments range from \$.50 to \$3 depending on the cost of the drug, while other copayment amounts 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%.
15. In Wisconsin, emergency room copayments are waived if admitted.

**Table 21**  
**Premium and Cost-Sharing Requirements for Medicaid Adults<sup>1</sup>**  
**January 2016**

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 (31 States)</b>									
<b>Total</b>	<b>5</b>	<b>23</b>		<b>13</b>	<b>14</b>	<b>15</b>	<b>18</b>	<b>21</b>	<b>22</b>
Alaska		Y	0%	\$10	\$0	\$50/day	\$3	\$3	\$3
Arizona			--	--	--	--	--	--	--
Arkansas <sup>2</sup>	Y, >100% FPL	Y	100%	\$10	\$0	\$140/day	\$4	\$4	\$8
California <sup>3</sup>		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% FPL	Y	50%	\$0	\$8	\$0	\$0	\$0	\$0
Kentucky		Y	0%	\$3	\$8	\$50	\$1	\$4	\$8
Maryland		Y	0%	\$0	\$0	\$3	\$1-\$3	\$1-\$5	\$1-\$5
Massachusetts <sup>7</sup>		Y	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan <sup>8</sup>	Y, >100% FPL	Y	0%	\$0	\$0	\$0	\$1	\$1	\$1
Minnesota		Y	0%	\$3	\$4	\$0	\$1	\$3	\$3
Montana <sup>9</sup>	Y, >50% FPL	Y	0%	\$4/10% of state payment	\$8	\$75/10% of state payment	\$0	\$4	\$8
Nevada			--	--	--	--	--	--	--
New Hampshire <sup>10</sup>		Y	>100%	\$3	\$0	\$125	\$4	\$8	\$8
New Jersey			--	--	--	--	--	--	--
New Mexico		Y	0%	\$0	\$8	\$0	\$0	\$3	\$3
New York		Y	100%	\$0	\$3	\$25/discharge	\$1	\$3	\$3
North Dakota		Y	0%	\$2	\$3	\$75	\$0	\$3	\$3
Ohio		Y	0%	\$0	\$0	\$0	\$0	\$0	\$3
Oregon		Y	0%	\$0	\$3	\$0	\$2	\$3	\$3
Pennsylvania		Y	0%	\$0.65-\$3.80	\$0.50-\$3	\$3/day	\$1	\$3	\$3
Rhode Island			--	--	--	--	--	--	--
Vermont		Y	0%	\$0	\$0	\$75	\$1-\$3	\$1-\$3	\$1-\$3
Washington			--	--	--	--	--	--	--
West Virginia <sup>11</sup>		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
<b>NOT ADOPTING THE MEDICAID EXPANSION AT THIS TIME (20 States)</b>									
<b>Total</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									
Louisiana									
Maine									
Mississippi									
Missouri									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Virginia									
Wisconsin <sup>12</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, 2016.

Table presents rules in effect as of January 1, 2016.

## TABLE 21 NOTES

1. Data in the table represent premium or other monthly contributions and cost-sharing requirements for non-disabled adults. This group also 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 "- -."
2. Arkansas received waiver approval to require certain non-medically frail enrollees to make monthly income-based contributions to health savings accounts (HSAs) to be used in lieu of paying point-of-service copayments and coinsurance. Arkansas can charge monthly HSA contributions for expansion adults with incomes down to 50% FPL, but the state is not currently charging individuals with incomes below poverty. Adults with incomes above poverty who fail to make monthly HSA contributions are responsible for copayments and coinsurance at the point of service, and providers can deny services for failure to pay cost-sharing. Cost-sharing is not a condition of Medicaid eligibility and is limited to 5% of monthly or quarterly income.
3. In California, inpatient visits are \$100 per day, \$200 max.
4. In Delaware, copayments vary based on cost of drug.
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 HIP Basic, a more limited benefit package with state plan level copayments. In Indiana, copayments are only required if enrolled in HIP Basic. In the Plus plan, there are no copayments except for \$8 for first time use and \$25 for second time 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 from 50-100% 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, 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. Reenrollment 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. New Hampshire increased copayments for some services during 2015.

11. In West Virginia, drug copayments range from \$.50 to \$3 depending on the cost of the drug, while other copayment amounts 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%.
12. Wisconsin offers Medicaid coverage to childless adults up to 100% FPL, but has not adopted the ACA Medicaid expansion. Enrollees pay cost-sharing equal to those reported for parents in Table 20.