

Table 15
Premium, Enrollment Fee, and Cost Sharing Requirements for Children, January 2017

State	Premiums/Enrollment Fees			Cost Sharing		
	Required in Medicaid	Required in CHIP (Total = 36) ¹	Lowest Income at Which Premiums Begin (Percent of the FPL) ²	Required in Medicaid	Required in CHIP (Total = 36) ¹	Lowest Income at Which Cost Sharing Begins (Percent of the FPL) ²
Total	4	26		3	24	
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		Y	142%			
District of Columbia		N/A (M-CHIP)			N/A (M-CHIP)	
Florida		Y	133%		Y	133%
Georgia		Y	133%		Y	138%
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	143%
Louisiana		Y	213%			
Maine		Y	157%			
Maryland	Y	N/A (M-CHIP)	211%		N/A (M-CHIP)	
Massachusetts		Y	150%			
Michigan	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	143%
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		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 ³				Y	Y	100%
Texas		Y	150%		Y	133%
Utah ⁴		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, 2017.

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

TABLE 15 NOTES

1. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
2. In a number of states, the income at which premiums or cost sharing begins 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 the federal poverty level (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.
3. Tennessee has waiver authority to charge cost sharing for children between 100% and 133% FPL.
4. Utah has a \$300 deductible in CHIP.

Table 16
Premiums and Enrollment Fees for Children at Selected Income Levels, January 2017^{1,2}

State	151% FPL (or 150% if upper limit)	201% (or 200% if upper limit)	251% FPL (or 250% if upper limit)	301% FPL (or 300% if upper limit)	351% FPL (or 350% if upper limit)
MONTHLY PAYMENTS (24 states)					
Arizona ³	\$40 \$60	\$50 \$70	N/A	N/A	N/A
California ⁴	\$0	\$13	\$13	N/A	N/A
Connecticut ³	\$0	\$0	\$30 \$50	\$30 \$50	N/A
Delaware ^{5,6}	\$15	\$25	N/A	N/A	N/A
Florida	\$15	\$20	N/A	N/A	N/A
Georgia	\$11	\$29	N/A	N/A	N/A
Idaho	\$15	N/A	N/A	N/A	N/A
Illinois ⁷	\$0	\$15 \$25	\$40	\$40	N/A
Indiana ³	\$0	\$33 \$50	\$53 \$70	N/A	N/A
Iowa ⁸	\$0	\$10	\$20	\$20	N/A
Kansas	\$0	\$30	N/A	N/A	N/A
Louisiana ⁵	\$0	\$0	\$50	N/A	N/A
Maine ⁹	\$0	\$32	N/A	N/A	N/A
Maryland ⁵	\$0	\$0	\$66	\$66	N/A
Massachusetts	\$12	\$20	\$28	\$28	N/A
Michigan ⁵	\$0	\$10	N/A	N/A	N/A
Missouri ¹⁰	\$19 \$23 \$28	\$61 \$77 \$93	\$149 \$189 \$228	\$149 \$189 \$228	N/A
New Jersey ⁵	\$0	\$43	\$86	\$145	\$145
New York	\$0	\$9	\$30	\$45	\$60
Pennsylvania ¹¹	\$0	\$0	\$53	\$84	N/A
Vermont ^{5,12}	\$0	\$15	\$20/\$60	\$20/\$60	N/A
Washington ¹³	\$0	\$0	\$20	\$30	N/A
West Virginia ¹⁴	\$0	\$0	\$35	\$35	N/A
Wisconsin	\$0	\$10	\$34	\$98	N/A
QUARTERLY PAYMENTS (2 states)					
Nevada ⁵	\$50	\$80	N/A	N/A	N/A
Utah ⁵	\$75	\$75	N/A	N/A	N/A
ANNUAL PAYMENTS (4 states)					
Alabama ¹⁵	\$104	\$104	\$104	\$104	N/A
Colorado ³	\$0	\$25 \$35	\$75 \$105	N/A	N/A
North Carolina ¹⁶	\$0	\$50	N/A	N/A	N/A
Texas ⁵	\$35	\$50	N/A	N/A	N/A
NO PREMIUMS OR ENROLLMENT FEES (21 states)					
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, 2017.

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

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. Cases in which premiums or enrollment fees are not a whole dollar value have been rounded to the nearest dollar.
3. In Arizona, Connecticut, Indiana, and Colorado, 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 California, there is a maximum premium of \$39 for families with three or more children.
5. In Delaware, Louisiana, Maryland, Michigan, New Jersey, Vermont, Nevada, Utah, and Texas premiums or enrollment fees are family-based and not based on costs per child.
6. 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.
7. 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.
8. In Iowa, there is a maximum premium of \$20 for families with incomes at 201% of the federal poverty level (FPL) with two or more children and \$40 for families with incomes at 251% FPL or 301% FPL with two or more children.
9. In Maine, there is a maximum premium of \$64 for families with two or more children.
10. 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. Premiums are tied to a percentage of the FPL and change annually.
11. In Pennsylvania, premiums vary by contractor. The average amount is shown.
12. In Vermont, for those above 238% FPL, the monthly premium is \$20 if the family has other health insurance and \$60 if there is no other health insurance.
13. In Washington, there is a maximum premium of \$40 for families with incomes at 251% FPL with two or more children and \$60 for families with incomes at 301% FPL with two or more children.
14. In West Virginia, there is a maximum premium of \$71 for families with two or more children.
15. In Alabama, there is a maximum annual enrollment fee of \$312 for families with three or more children.
16. In North Carolina, there is a maximum annual enrollment fee of \$100 for families with two or more children.

Table 17
Disenrollment Policies for Non-Payment of Premiums in Children's Coverage, January 2017

State	Grace Period (amount of time) Before a Child Loses Coverage for Nonpayment ¹	After Disenrollment for Failure to Pay Premiums:		
		Lock-Out Period in Separate CHIP Program ²	Families Must Reapply for Coverage to Reenroll	Retroactive Reinstatement of Coverage if Family Pays Outstanding Premiums ³
Total		15	17	8
MONTHLY PAYMENTS (24 states)				
Arizona ⁴	60 days	2 months	Y	
California	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Connecticut ⁵	Until Renewal	None	N/A	N/A
Delaware ⁶	60 days	None		
Florida ⁷	30 days	1 month		
Georgia ⁸	60 days	1 month		Y
Idaho ⁵	Until renewal	None	N/A	N/A
Illinois ⁹	60 days	None	Y	Y
Indiana	60 days	90 days	Y	
Iowa	44 days	None	Y	
Kansas	60 days	90 days	Y	
Louisiana ¹⁰	60 days	90 days	Y	Y
Maine ¹¹	12 months	up to 90 days	Y	
Maryland	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Massachusetts ¹²	60 days	90 days		
Michigan	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Missouri ¹³	30 days	90 days	Y	
New Jersey ¹⁴	60 days	90 days		Y
New York ¹⁵	30 days	None	Y	
Pennsylvania ¹⁶	90 days	90 days	Y	Y
Vermont ⁵	Until Renewal	N/A (M-CHIP)	N/A	N/A (M-CHIP)
Washington	90 days	90 days	Y	Y
West Virginia ^{5,17}	Until Renewal	None	N/A	N/A
Wisconsin ¹⁸	60 days	90 days	Y	Y
QUARTERLY PAYMENTS (2 states)				
Nevada ¹⁹	60 days	90 days	Y	
Utah ²⁰	30 days	90 days	Y	Y
ANNUAL PAYMENTS (4 states)				
Alabama ²¹	--	--	--	--
Colorado	--	--	--	--
North Carolina ²²	--	--	--	--
Texas ²³	--	--	--	--
NO PREMIUMS OR ENROLLMENT FEES (21 states)				
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, 2017. Table presents rules in effect as of January 1, 2017.

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. States must provide a minimum 30-day premium payment grace period in CHIP before cancelling a child's coverage. States that charge an annual enrollment fee may require prepayment as a condition of enrollment.
2. A lock-out period is an amount of time during which the disenrolled child is prohibited from returning to the CHIP program. Lock-outs are not permitted in Medicaid, and the Affordable Care Act (ACA) limited lock-out periods in CHIP to no more than 90 days. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
3. This column indicates whether the state provides retroactive coverage back to the date when the child was disenrolled if the family pays outstanding premiums. States charging premiums in Medicaid have N/A (M-CHIP) responses because retroactive coverage is required in Medicaid.
4. Arizona changed its lock-out period from 90 days to 60 days upon re-opening its CHIP program in July 2016.
5. Connecticut, Idaho, Vermont 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. As such, responses for whether families must reapply and whether the state provides retroactive coverage are indicated as N/A. Vermont is not currently disenrolling children for unpaid premiums due to system limitations.
6. Delaware will reinstate coverage retroactively after outstanding premiums are paid for medically fragile children.
7. In Florida, children are locked out for one month for non-payment of the premium but they do not need to reapply if the child is within the 12-month continuous eligibility period.
8. In Georgia, if a child who is disenrolled for non-payment of premium re-enrolls within 90 days, eligibility must be re-verified but no new application is needed.
9. In Illinois, families who are disenrolled for non-payment of premium are required to reapply unless they return to the program before the end of the month of loss of coverage.
10. In Louisiana, children in the 12-month continuous eligibility period do not need to reapply for coverage.
11. In Maine, for each month there is an unpaid premium, there is a month of ineligibility up to a maximum of three 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 two months of premiums, they will have a two-month penalty. If they do not pay three or more months, they will have a three-month lock-out period. Families can re-enroll if they pay back-owed premiums.
12. 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.
13. In Missouri, only children in families with incomes above 225% of the federal poverty level (FPL) are subject to the lock-out period.
14. In New Jersey, families have 60 days before they must reapply to re-enroll in coverage after being disenrolled. In January 2016, New Jersey implemented retroactive coverage if a family repays outstanding premiums in CHIP within 60 days.
15. In New York, if the family pays the premium within 30 days of cancellation they do not need to reapply for coverage. New York allows retroactive reinstatement on a case-by-case basis.

16. In Pennsylvania, if the family pays past due premiums prior to the end of the renewal period, they do not have to reapply for coverage.
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. As such, the response is marked with an N/A.
18. In Wisconsin, only families that reapply within three months after losing coverage are required to repay past due premiums.
19. In Nevada, if a family pays during the lock-out period, they are enrolled effective the next month. If they do not pay during the lock-out period, they must reapply.
20. In Utah, families do not have to pay past due premiums that are over three months old. Children who are terminated for non-payment can be reinstated if families pay outstanding premiums, but only during the lock-out period.
21. Alabama's annual enrollment fee is not required before a child enrolls in coverage, nor is a child disenrolled for non-payment in the first year. Following the annual renewal, families have 30 days to pay the annual enrollment fee to avoid disenrollment.
22. In North Carolina, families have 12 days to pay the annual enrollment fee. They may request an additional 12 days before disenrollment.
23. In Texas, children who renew coverage are given 30 days to pay the annual enrollment fee. If the fee is unpaid, Texas suspends coverage until the notice period in the fourth month. If payment is received during that time, coverage will be reinstated as of the following month without requiring a new application.

Table 18
Cost Sharing Amounts for Selected Services for Children at Selected Income Levels, January 2017¹

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
Total	19	12	18	15	20	12	18	15
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	--	--	--	--	--	--	--	--
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
Iowa	\$0	\$0	\$0	\$0	\$0	\$0	\$25	\$0
Kansas	--	--	--	--	--	--	--	--
Kentucky ³	\$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	\$3	\$5	\$5	\$25	\$3	\$5	\$5	\$25
Nebraska	--	--	--	--	--	--	--	--
Nevada	--	--	--	--	--	--	--	--
New Hampshire	--	--	--	--	--	--	--	--
New Jersey	\$5	\$10	\$10	\$0	\$5	\$35	\$35	\$0
New Mexico	\$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 ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rhode Island	--	--	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--	--	--
South Dakota	--	--	--	--	--	--	--	--
Tennessee ^{2,4}	\$5 \$15/\$20	\$0	\$10 \$50	\$5 \$100	\$15/\$20	\$0	\$50	\$100
Texas	\$5	\$0	\$5	\$35	\$25	\$0	\$75	\$125
Utah ⁵	\$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 ^{2,6}	\$15	\$35	\$35	\$25	\$20	\$35	\$35	\$25
Wisconsin ⁷	\$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 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 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. 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 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.
5. 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.
6. In West Virginia, the copayment for a non-preventive physician visit is waived if the child goes to his or her medical home.
7. In Wisconsin, the copayment for children's non-preventive physician visits will vary depending on the cost of the visit.

Table 19
Cost Sharing Amounts for Prescription Drugs for Children at Selected Income Levels, January 2017¹

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
Total	15	17	15	18	19	16
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	--	--	--	--	--	--
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 ²	\$0	\$0	\$0	\$0	\$0	\$0
Nebraska	--	--	--	--	--	--
Nevada	--	--	--	--	--	--
New Hampshire	--	--	--	--	--	--
New Jersey	\$1	\$5	\$5	\$5	\$5	\$5
New Mexico	\$0	\$0	\$3	\$2	\$3	\$3
New York	--	--	--	--	--	--
North Carolina	\$1	\$1	\$3	\$1	\$1	\$10
North Dakota	\$2	\$2	\$2	N/A	N/A	N/A
Ohio	--	--	--	--	--	--
Oklahoma	--	--	--	--	--	--
Oregon	--	--	--	--	--	--
Pennsylvania ³	\$0	\$0	N/C	\$0	\$0	N/C
Rhode Island	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--
South Dakota	--	--	--	--	--	--
Tennessee ⁴	\$1.50 \$5	\$3 \$3	\$3 \$40	\$1.50 \$5	\$3 \$5	\$3 \$40
Texas	\$0	\$5	N/C	\$10	\$35	N/C
Utah ⁵	\$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, 2017.

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

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 three-month supply of a generic drug.
3. Pennsylvania charges cost sharing but it does not begin charging until >208% of the federal poverty level (FPL), so no charges are reported in the table.
4. 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.
5. Utah has a \$300 deductible in CHIP.

Table 20
Premium and Cost Sharing Requirements for Selected Services for Section 1931 Parents, January 2017¹

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	39		27	20	26	34	38	37
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 ²		Y	0%	\$0	\$0	\$0	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
District of Columbia			--	--	--	--	--	--	--
Florida		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 ³	Y, >0%	Y	0%	\$4	\$8/\$25 subsequent visits	\$75	\$4	\$4	\$8
Iowa ⁴		Y	0%	\$3	\$3	\$0	\$1	\$1	\$2-\$3
Kansas			--	--	--	--	--	--	--
Kentucky ⁵		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
Maine ⁶		Y	0%	\$0	\$3	up to \$3 per day	\$3	\$3	\$3
Maryland		Y	0%	\$0	\$0	\$0	\$1-\$3	\$1-\$3	\$1-\$3
Massachusetts ⁷		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 ⁸		Y	0%	\$4	\$8	\$75	\$0	\$4	\$8
Nebraska		Y	0%	\$2	\$0	\$15	\$2	\$2	\$3
Nevada			--	--	--	--	--	--	--
New Hampshire		Y	100%	\$0	\$0	\$0	\$0	\$1	\$2
New Jersey			--	--	--	--	--	--	--
New Mexico			--	--	--	--	--	--	--
New York		Y	100%	\$0	\$3	\$25/discharge	\$1	\$3	\$3
North Carolina		Y	0%	\$3	\$0	\$3/day	\$3	\$3	\$3
North Dakota ⁹		Y	0%	\$2	\$0	\$75	\$0	\$3	\$3
Ohio		Y	0%	\$0	\$3	\$0	\$0	\$2	\$3
Oklahoma		Y	0%	\$4	\$4	\$10/day; \$90 max	\$4	\$4	\$4
Oregon ¹⁰			--	--	--	--	--	--	--
Pennsylvania ¹¹		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 ¹²		Y	20%	\$3	\$6	\$220	\$3	\$3	\$3
Vermont		Y	0%	\$3	\$0	\$0	\$1-\$3	\$1-\$3	\$1-\$3
Virginia		Y	0%	\$1	\$0	\$100	\$1	\$3	\$3
Washington			--	--	--	--	--	--	--
West Virginia ¹³		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
Wisconsin ¹⁴		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, 2017. Table presents rules in effect as of January 1, 2017.

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 "--". In some states, copayments vary based on the cost of the drug.
2. In Delaware, parents have a \$15 per month cap on out of pocket expenses from copayments.
3. In Indiana, Section 1931 parents who fail to pay monthly contributions will not be disenrolled but will receive Healthy Indiana Plan (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 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.
4. In Iowa, there is a \$2 copay for non-preferred brand name drugs between \$25.01 and \$50 and a \$3 copay for non-preferred brand name drugs above \$50.
5. In Kentucky, enrollees are charged 5% coinsurance for non-preferred brand-name drugs, with a minimum of \$8 and a maximum of \$20.
6. In Maine, copayments begin above 0% of the federal poverty level (FPL). Maine charges some enrollees cost sharing equal to 5% of their income. There are some services that have caps on 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 increased the copayment for non-emergency use of the emergency room (ER), eliminated copayments for generic drugs, and increased copayments for non-preferred name brand drugs in 2016.
9. North Dakota eliminated the copayment for non-emergency use of the ER in 2016.
10. Oregon eliminated all copayments as of January 1, 2017.
11. In Pennsylvania, copayments vary based on the cost of service. The inpatient hospital copayment is subject to a maximum of \$21 per stay.
12. In Utah, enrollees under the Temporary Aid to Needy Families (TANF) payment limit are exempt from paying copayments.
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. In Wisconsin, copayments begin above 0% FPL. The copayment for a non-preventive physician visits will vary depending on the cost of the visit.

Table 21
Premium and Cost Sharing Requirements for Selected Services for Medicaid Adults, January 2017¹

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
ADOPTED MEDICAID EXPANSION (32 states)									
Total	6	23		14	12	13	18	21	22
Alaska		Y	0%	\$10	\$0	\$50/day	\$3	\$3	\$3
Arizona ²	Y, >100%	Y	100%	\$0	\$8	\$0	\$0	\$4	\$4
Arkansas ³	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 ⁴		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 ⁵	Y, >0%	Y	0%	\$4	\$8/ \$25 subsequent visits	\$75	\$4	\$4	\$8
Iowa ⁶	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 ⁷		Y	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan ⁸	Y, >100%	Y	0%	\$0	\$0	\$0	\$1	\$1	\$1
Minnesota		Y	0%	\$3	\$3.50	\$0	\$1	\$3	\$3
Montana ⁹	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 ¹⁰		Y	0%	\$2	\$0	\$75	\$0	\$3	\$3
Ohio		Y	0%	\$0	\$0	\$0	\$0	\$0	\$3
Oregon ¹¹			--	--	--	--	--	--	--
Pennsylvania ¹²		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 ¹³		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
NOT ADOPTING MEDICAID EXPANSION AT THIS TIME (19 states)									
Total	0	1		1	0	1	1	1	1
Alabama									
Florida									
Georgia									
Idaho									
Kansas									
Maine									
Mississippi									
Missouri									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Virginia									
Wisconsin ¹⁴		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.