

**Table 19**  
**Cost-Sharing Requirements for Selected Services for Medicaid Expansion Adults<sup>1,2</sup>**  
**January 2015**

State	Monthly Contributions/ Premiums Required?	Cost-Sharing Required?	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 (28 states)</b>									
<b>Total Requiring Fees</b>		<b>20</b>		<b>9</b>	<b>13</b>	<b>12</b>	<b>16</b>	<b>18</b>	<b>19</b>
Arizona			--	--	--	--	--	--	--
Arkansas <sup>3</sup>		Y	>100%	\$8	\$0	\$140/day	\$4	\$4	\$8
California <sup>4</sup>		Y	0%	\$5	\$50	\$100/day	\$3	\$5	\$5
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			--	--	--	--	--	--	--
Hawaii			--	--	--	--	--	--	--
Illinois		Y	0%	\$3.90	\$3.90	\$3.90	\$2	\$3.90	\$3.90
Iowa <sup>5</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>6</sup>		Y	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan <sup>7</sup>	Y, >100% FPL	Y	0%	\$0	\$0	\$0	\$1	\$1	\$1
Minnesota		Y	0%	\$3	\$3.50	\$0	\$1	\$3	\$3
Nevada			--	--	--	--	--	--	--
New Hampshire		Y	>100%	\$0	\$8	\$0	\$1	\$1	\$4
New Jersey			--	--	--	--	--	--	--
New Mexico		Y	0%	\$0	\$8	\$0	\$0	\$3	\$3
New York		Y	0%	\$0	\$3	\$25	\$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 <sup>8</sup>		Y	0%	\$.65-\$3.80	\$.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>9</sup>		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
<b>NOT ADOPTING THE MEDICAID EXPANSION AT THIS TIME (23 States)</b>									
Alabama									
Alaska									
Florida									
Georgia									
Idaho									
Indiana									
Kansas									
Louisiana									
Maine									
Mississippi									
Missouri									
Montana									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Virginia									
Wisconsin <sup>10</sup>									
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, 2015.

Table presents rules in effect as of January 2015.

## TABLE 19 NOTES

1. Data in the table represent premium (or other monthly contribution) and cost-sharing requirements for adults covered through the ACA Medicaid expansion to adults with incomes up to 138% of the federal poverty level (FPL). This group includes parents above Section 1931 limits and childless adults.
2. States have flexibility to impose premiums and cost-sharing in Medicaid, with the maximum allowable amounts varying by income and group. Medicaid enrollees with incomes below 150% FPL may not be charged premiums without a waiver. Adults enrolled in Medicaid may be charged cost-sharing, but charges for those below 100% FPL are limited to nominal amounts. 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 "- -."
3. Arkansas has received waiver approval to implement monthly contributions to an "independence account" for coverage in the Private Option (Arkansas' Medicaid expansion program). Enrollees will make monthly payments between \$5 and \$25 based on income, with contributions for enrollees between 50% and 100% FPL limited to \$5, and no contributions for those below 50% FPL. Payments to the account are not required for enrollment. Individuals who make the contribution will not be charged copayments or cost-sharing in the month following each payment. Individuals who do not make a monthly contribution will be billed for all cost-sharing charges. The new payments were not in effect as of January 1, 2015.
4. In California, inpatient hospital copayments for Medicaid expansion adults are limited to a \$200 per admission.
5. In Iowa, Medicaid expansion beneficiaries above 100% FPL pay premiums of \$10 per month. Beneficiaries from 50-100% FPL pay premiums of \$5 per month and cannot be disenrolled for non-payment. Premiums are waived for the first year of enrollment. In subsequent years, premiums are waived if beneficiaries complete specified healthy behaviors. The state must grant waivers of payment of the premiums 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, 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 have cost-sharing contributions based on their prior 6 months of copays 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.
8. In Pennsylvania, premiums and copayments for adults enrolled in the Section 1115 Medicaid expansion waiver in 2015 are equal to those for parents in Section 1931 Medicaid. Beginning in 2016, individuals with income greater than 100% FPL will have a monthly premium equal to 2% of income, and no copayments except for \$8 for non-emergent of the emergency room. Beneficiaries who fail to pay premiums for 90 days may be disenrolled from coverage and may re-enroll without a waiting period. Beneficiaries below 100% FPL will continue to have copayments according to state plan amounts.
9. In West Virginia, copayment amounts vary by income and enrollees have a quarterly out-of-pocket maximum. Up to 50% FPL, the maximum is \$8; between 50% and 100%, \$71; and above 100%, \$143.
10. Wisconsin offers Medicaid coverage to childless adults up to 100% FPL, but not under the ACA's Medicaid expansion. Enrollees pay no premiums but pay cost-sharing equal to those reported for parents in Table 18.