

Table 21
Premium and Cost-Sharing Requirements for Medicaid Adults¹
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
ADOPTED MEDICAID EXPANSION (31 States)									
Total	5	23		13	14	15	18	21	22
Alaska		Y	0%	\$10	\$0	\$50/day	\$3	\$3	\$3
Arizona			--	--	--	--	--	--	--
Arkansas ²	Y, >100% FPL	Y	100%	\$10	\$0	\$140/day	\$4	\$4	\$8
California ³		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% 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 ⁷		Y	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
Michigan ⁸	Y, >100% FPL	Y	0%	\$0	\$0	\$0	\$1	\$1	\$1
Minnesota		Y	0%	\$3	\$4	\$0	\$1	\$3	\$3
Montana ⁹	Y, >50% FPL	Y	0%	\$4/10% of state payment	\$8	\$75/10% of state payment	\$0	\$4	\$8
Nevada			--	--	--	--	--	--	--
New Hampshire ¹⁰		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 ¹¹		Y	0%	\$0-\$4	\$8	\$0-\$75	\$0-\$3	\$0-\$3	\$0-\$3
NOT ADOPTING THE MEDICAID EXPANSION AT THIS TIME (20 States)									
Total		1		1	0	1	1	1	1
Alabama									
Florida									
Georgia									
Idaho									
Kansas									
Louisiana									
Maine									
Mississippi									
Missouri									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Virginia									
Wisconsin ¹²		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.