

Table 10A
Effective Annual Premium Payments for Two
Children in a Family of Three at Selected Income Levels¹
December 2009

	Effective Annual Amount at 101% of the Federal Poverty Line	Effective Annual Amount at 151% of the Federal Poverty Line	Effective Annual Amount at 201% of the Federal Poverty Line or 200% FPL if Maximum Eligibility	Lock-out Period
Total	9	23	32	12
Alabama ³	\$100	\$200	\$200	
Alaska	—	—	—	
Arizona ⁴	\$180	\$720	\$840 (200)	
Arkansas	—	—	—	
California ⁵	\$96/\$168	\$312/\$384	\$504/\$576	
Colorado	\$0	\$35	\$35	
Connecticut ²	\$0	\$0	\$0	3 months
Delaware	\$120	\$180	\$300 (200)	
Dist. of Columbia	—	—	—	
Florida ²	\$180	\$240	N/A	30 days
Georgia ⁶	\$180	\$480	\$696	1 month
Hawaii	—	—	—	
Idaho	\$0	\$360	N/A	
Illinois ²	\$0	\$300	\$960	3 months
Indiana	\$0	\$396	\$636	
Iowa ⁷	\$0	\$240	\$240	
Kansas ⁸	\$0	\$240	\$360 (200)	
Kentucky	\$0	\$240	\$240 (200)	
Louisiana	\$0	\$0	\$600	
Maine ²	\$0	\$192	\$768 (200)	up to 3 months
Maryland ^{1,9}	\$0	\$0	\$576	
Massachusetts ¹	\$0	\$288	\$480	
Michigan	\$0	\$120	N/A	
Minnesota ^{1,2,10}	\$96	\$672	\$1,380	4 months
Mississippi	—	—	—	
Missouri ¹¹	\$0	\$252	\$816	6 months
Montana	—	—	—	
Nebraska	—	—	—	
Nevada ¹²	\$100	\$200	\$320 (200)	
New Hampshire ^{2,13}	\$0	\$0	\$768	3 months
New Jersey ^{2,14}	\$0	\$0	\$480	
New Mexico	—	—	—	
New York ^{2,15}	\$0	\$0	\$216	
North Carolina ^{2,16}	—	\$100	\$100 (200)	
North Dakota	—	—	—	
Ohio ²	—	—	—	
Oklahoma	—	—	—	
Oregon ²	—	—	—	
Pennsylvania ²	\$0	\$0	\$1,044	
Rhode Island ^{1,17}	\$0	\$732	\$1,104	4 months
South Carolina	—	—	—	
South Dakota	—	—	—	
Tennessee ^{2,18}	—	—	—	
Texas	\$0	\$35	\$50	
Utah ¹⁹	\$120	\$300	\$300 (200)	
Vermont ¹	\$0	\$0	\$180	
Virginia	—	—	—	
Washington	\$0	\$0	\$480	3 months
West Virginia ²⁰	\$0	\$0	\$852	6 months
Wisconsin ^{1,2,21}	\$0	\$0	\$240	6 months
Wyoming	—	—	—	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Center on Budget and Policy Priorities, 2009.

Notes for Table 10A

Table presents rules in effect as of December 2009, unless otherwise noted.

1. States in *italics* require the premiums noted in their children's Medicaid programs. **Massachusetts** requires premiums in children's Medicaid (children under age six are exempt) and CHIP. The figures noted for **Minnesota** are for two persons, which could include a parent. The figures noted for **Rhode Island** and **Wisconsin** also may include coverage for parents. **Vermont** requires premiums in children's Medicaid and its separate CHIP program. All other states require premiums in their separate CHIP programs only. A dash (—) indicates that no premiums are required in the program; \$0 indicates that no premium is required at this income level; "N/A" indicates that coverage is not available at this income level.

2. **Connecticut, Florida, Illinois, Maine, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, and Wisconsin** allow families with incomes that exceed CHIP income eligibility guidelines to buy-in for children's coverage at the full cost of the premiums. For information about eligibility and premium amounts for these buy-in programs, see **Table 1B**.

3. **Alabama** instituted premiums for children in families with incomes greater than 200 percent of the federal poverty line, when the state implemented its CHIP expansion of income eligibility to 300 percent of the federal poverty line.

4. **Arizona** increased premiums for children in families with incomes greater than 150 percent of the federal poverty line in June 2009. In **Arizona**, beneficiaries must pay all outstanding premiums before they can re-enroll in the program.

5. In **California**, premiums vary based on whether the family uses the discounted community provider health plan. The first amount noted is the premium required under the community provider health plan. **California** increased premiums in February 2009, and again in November 2009.

6. In **Georgia**, premiums are only required of families with children age six and older.

7. **Iowa** instituted premiums for families with incomes greater than 200 percent of the federal poverty line, when the state implemented its CHIP income eligibility expansion to 300 percent of the federal poverty line.

8. **Kansas** plans to institute premiums for children in families with incomes greater than 200 percent of the federal poverty line, when the state implements its planned CHIP eligibility expansion to 241 percent of the federal poverty line in January 2010.

9. **Maryland** increased premiums for children.

10. In **Minnesota**, premiums apply only to children covered under the Section 1115 waiver program. **Minnesota** has submitted a state plan amendment to eliminate premiums for children in families with incomes less than or equal to 200 percent of the federal poverty line.

11. **Missouri** increased premiums for children. In **Missouri**, the lock-out period only applies to families with income at or above 225 percent of the federal poverty line who fail to pay a recurring premium, but does not apply to families who never paid the initial premium.

12. In **Nevada**, although Medicaid covers children in families with income up to 100 or 133 percent of the federal poverty line (depending on age), some children with incomes below this level may qualify instead for CHIP based on the source of income and family composition. Such families with income at 36 percent of the federal poverty line or higher are required to pay premiums.

13. **New Hampshire** increased premiums for CHIP for families with incomes greater than 200 percent of the federal poverty line in October 2009.

14. **New Jersey** eliminated premiums for children in families with incomes between 150 and 200 percent of the federal poverty line. For families with incomes greater than 200 percent of the federal poverty line, premiums increased according to inflation.

15. **New York** increased premiums for children in families with incomes greater than 250 percent of the federal poverty line in July 2009.

16. **North Carolina** requires an annual enrollment fee for children with family income greater than 150 percent of the federal poverty line.

17. **Rhode Island** rescinded premium increases that took effect in November 2008 for families with incomes of 133 percent of the federal poverty level or greater, in order to receive federal stimulus funds.

18. **Tennessee's** buy-in program for children above 250 percent of the federal poverty line has a 6 month lock-out period

19. **Utah** increased premiums in July 2009.

20. In **West Virginia**, the premiums noted apply only to children covered with income between 200 percent and 220 percent of the federal poverty line.

21. **Wisconsin** increased premiums for children in families with incomes greater than 250 percent of the federal poverty line.

Notes for Table 11

Table presents rules in effect as of December 2009, unless otherwise noted.

“N/A” indicates that the state does not provide coverage at this income level.

1. States in *italics* require these co-payments in their children’s Medicaid programs. With the exception of **Kentucky**, all of these states obtained federal waivers to impose cost-sharing in children’s Medicaid. **Kentucky** used the flexibility in the Deficit Reduction Act of 2005 to impose cost-sharing in its CHIP-funded Medicaid expansion. **Kentucky** also requires cost-sharing in its separate CHIP program. All other states charge these co-payments in their separate CHIP programs only. Per federal law, no state can impose co-payments on Alaska Native or American Indian children.
2. “Increase” indicates that the state has increased the co-payment for one or more services between January 2009 and December 2009, unless noted otherwise.
“Decrease” indicates that the state has decreased the co-payment for one or more services between January 2009 and December 2009, unless noted otherwise.
3. Some states require 18-year-olds to meet the co-payment requirements of adults on Medicaid. In **Alabama**, 18-year-olds are subject to the \$1 non-preventive physician visit co-payment as well as the \$50 co-payment for inpatient care. In **Alaska**, 18-year-olds are subject to the co-payment of \$50 a day for the first four days of inpatient care as well as the \$3 co-payment for non-preventive physician visits. In **Arkansas**, 18 year olds are subject to the co-payment of 10 percent of the cost of the first day of inpatient care. In **Kentucky**, 18-year-olds are subject to the \$2 co-payment for non-preventive physician visits, the 5 percent co-payment for non-emergency use of the emergency room and the \$50 co-payment for inpatient care.
4. In these states, the co-payment for emergency room use in non-emergency situations is higher than noted in the table. This co-payment applies to all children covered under the state’s CHIP-funded Medicaid expansion and separate CHIP program. The co-payment amounts for emergency room use in non-emergency situations are as follows: in **Alabama**, \$20; in **Connecticut**, \$25; in **Delaware** and **Florida**, \$10; in **Idaho**, \$3; in **Illinois**, \$2 for families with income between 133 percent and 150 percent of the federal poverty line and \$25 for families with income above 150 percent of the federal poverty line; in **Iowa**, \$25 for families with income above 150 percent of the federal poverty line; in **Kentucky**, a five percent co-insurance is required, which is capped at \$6; in **North Carolina**, \$20 for families with income above 150 percent of the federal poverty line; in **Virginia**, \$25.
5. In **California**, **Connecticut**, **New Hampshire**, **Pennsylvania**, **Tennessee**, **West Virginia** and **Wyoming**, the co-payment for emergency room use is waived if the child is admitted to the hospital. In **California**, no coverage is provided if the services received are not for an emergency condition.
6. **California** increased co-payments for CHIP in November 2009.
7. In **Florida**, co-payments apply only to children age five and older.
8. **Montana** instituted co-payments of \$3 for a non-preventive physician visit, \$5 for an emergency room visit, and \$25 for an inpatient hospital visit for families with incomes greater than 175 percent of the federal poverty line, when the state implemented its CHIP eligibility expansion to 250 percent of the federal poverty line. These are the same co-payments required for all CHIP beneficiaries.
9. **North Dakota** instituted co-payments of \$5 for an emergency room visit and \$50 for an inpatient hospital visit for families with incomes greater than 150 percent of the federal poverty line, when the state implemented its CHIP eligibility expansion to 160 percent of the federal poverty line. These are the same co-payments required for all CHIP beneficiaries.
10. In **South Carolina**, infants are eligible up to 185 percent of the federal poverty line; however, no co-payments are required of this coverage group.
11. In **Tennessee** co-payments are required in the state’s waiver program, which is closed to new applicants and the separate CHIP program. The first amount noted is the premium required under the state’s waiver program and the second is for the separate CHIP program.
12. In **Utah** the co-payment for an emergency room visit is \$100 for a participating hospital and \$200 for a non-participating hospital.
13. In **West Virginia**, the co-payments for non-preventive physician visits are waived if the child goes to his or her medical home.
14. In **Wisconsin**, children under age 18 with family income below 100 percent of the federal poverty line do not have to pay co-payments.
15. **Wyoming** increased co-payments for CHIP; for families with incomes between 101 and 150 percent of the federal poverty line, there is now a co-payment of \$30 for an inpatient hospital visit. For families with incomes between 151 and 200 percent of the federal poverty line, there is now a co-payment of \$50 for an inpatient hospital visit, and co-payments for an emergency room visit or a non-preventive physician visit increased from \$5 to \$10.