

Table 12
Co-payments for Specific Services in Health Coverage Programs for Parents
January 2008

	Cost-sharing Applies for Parents in a Family of 3 at or Below the following Monthly Income Limits	Inpatient Hospital (Per admission unless otherwise noted)	Emergency Room Visit¹
Total	N/A	26	9
Alabama¹	\$366	\$50	\$0
Alaska	\$1,444	\$50 per day for first four days	\$0
Arizona¹	\$2,862	\$0	\$0
Arkansas²	\$255/\$2,862	10 percent of reimbursement rate for first day/15 percent co-insurance	\$0
California	\$1,521	\$0	\$0
Colorado	\$949	\$10	\$0
Connecticut	\$2,737	\$0	\$0
Delaware	\$1,521	\$0	\$0
District of Columbia	\$2,962	\$0	\$0
Florida¹	\$806	\$3	\$0
Georgia	\$756	\$12.50	\$0
Hawaii	\$1,646	\$0	\$0
Idaho	\$595	\$0	\$0
Illinois^{1/3}	\$2,737	\$3 per day/\$2 or \$5	\$0/\$0 or \$5
Indiana^{1/2}	\$378/\$2,862	\$0	\$0
Iowa²	\$1,268/\$3,557	\$0	\$0
Kansas	\$493	\$48	\$0
Kentucky¹	\$909	\$50	\$0
Louisiana	\$280	\$0	\$0
Maine	\$2,952	\$3 per day	\$0
Maryland	\$524	\$0	\$0
Massachusetts	\$1,903	\$3	\$0
Michigan	\$871	\$0	\$0
Minnesota¹	\$3,936	\$0	\$0
Mississippi	\$458	\$10	\$0
Missouri¹	\$556	\$10	\$0
Montana¹	\$855	\$100	\$0
Nebraska	\$851	\$0	\$0
Nevada	\$1,341	\$0	\$0
New Hampshire	\$781	\$0	\$0
New Jersey⁴	\$1,904	\$0	\$0/\$35
New Mexico^{2/5}	\$903/\$5,848	\$0/\$0, \$25 or \$30	\$0/\$0, \$15 or \$20
New York	\$2,146	\$25 per discharge	\$3
North Carolina	\$750	\$3 per day	\$0
North Dakota¹	\$904	\$75	\$0
Ohio¹	\$1,288	\$0	\$0
Oklahoma^{2/6}	\$711/\$2,862	\$3 per day/\$50	\$0/\$30
Oregon	\$1,431	\$0	\$0
Pennsylvania^{1/2/7}	\$842/\$2,862	\$3 per day (maximum of \$21)/\$0	\$0/\$25
Rhode Island	\$2,737	\$0	\$0
South Carolina¹	\$1,430	\$25	\$0
South Dakota¹	\$796	\$50	\$0
Tennessee	\$1,143	\$0	\$0
Texas	\$402	\$0	\$0
Utah^{1/2}	\$673/\$2,146	\$220/no coverage	\$0/\$30
Vermont	\$2,737	\$75/\$0	\$0/\$25
Virginia	\$438	\$100	\$0
Washington^{2/8}	\$1,092/\$2,862	\$0/20 percent coinsurance	\$0/\$100
West Virginia	\$499	\$0	\$0
Wisconsin⁹	\$2,737	\$0	\$0
Wyoming¹	\$790	\$0	\$0

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2008. See notes on following page.

Notes for Table 12

D Indicates that a state has decreased the co-payment for one or more services between July 2006 and July 2007, unless noted otherwise.

I Indicates that a state has increased the co-payment for one or more services between July 2006 and July 2007, unless noted otherwise.

Table presents rules in effect as of July 2007, unless otherwise noted.

1. In these states, the co-payment for emergency room use in non-emergency situations is higher than noted in this table.

Alabama, Missouri, Ohio and South Carolina require a \$3 co-payment for this service. **Arizona** requires a \$1 co-payment for this service. In **Florida**, there is a co-insurance of 5 percent up to the first \$300 of cost (maximum co-insurance is \$15) for this service. In some cases, this co-payment is for outpatient hospital care. In **Illinois**, a co-payment is required for parents with income above 133 percent of the federal poverty line. The co-payment is \$2 or \$25, depending on income. In **Indiana**, the co-payment varies based on whether or not the individual is covered under the Primary Care Case Management system. If covered under PCCM, the co-payment is \$1 or \$2. If not covered under PCCM, the co-payment is \$3. In **Kentucky**, the co-payment is five percent of the cost. **Minnesota** requires a \$6 co-payment for this service for parents covered under "regular" Medicaid and its waiver program. **Montana** requires a \$5 co-payment for this service. **North Dakota** requires a \$6 co-payment for this service. In **Pennsylvania**, the co-payment for this service under "regular" Medicaid is \$.50 to \$3.00 depending on the cost of the visit. In **South Dakota**, the co-payment for this service is five percent of the allowable Medicaid reimbursement up to a maximum of \$50. **Utah** requires a \$6 co-payment for this service for parents covered under "regular" Medicaid. **Wyoming** requires a co-payment of \$6 for this service.

2. With the exception of **Pennsylvania** and **Washington**, when two income thresholds are noted, the first is for "regular" Medicaid programs that provide comprehensive coverage that meets federal Medicaid guidelines and the second refers to coverage established through waivers. In **Pennsylvania** and **Washington**, the second threshold noted refers to coverage available to parents under a state-funded program.

3. In **Illinois**, the second amounts noted, which vary by income, are the co-payments required of parents with income above 133 percent of the federal poverty line.

4. In **New Jersey**, parents with income above 150 percent of the federal poverty line are required to pay a co-payment of \$35 for emergency room visits.

5. In **New Mexico**, the co-payments required in the state's waiver program vary by income and the co-payment for emergency room use is waived if the person is admitted to the hospital.

6. In **Oklahoma**, co-payment for emergency room care is waived if the patient is admitted to the hospital.

7. In **Pennsylvania**, the co-payment for emergency room use under the state-funded program is waived if the parent is admitted.

8. In **Washington's** state-funded program, the co-payment for emergency room care is waived if the patient is admitted to the hospital. If the patient is not admitted to the hospital, a \$100 co-payment applies. If the patient is admitted, whether or not it is through the emergency room, they are subject to a 20 percent co-insurance after a \$150 annual deductible is met. The maximum facility charge per admittance for inpatient care is \$300.

9. **Wisconsin** will require co-payments for the non-preventive physician visits and inpatient hospital visits under its February 2008 expansion. Families with income above 150 percent of the federal poverty line will be required to pay a co-pay for non-preventive physician visits which will range from \$0.50- \$3.00 depending on the cost of the services provided. The co-payment required for inpatient hospital stays will be \$3.00.