

ATTACHMENT C

Cost Sharing

Cost-sharing currently in effect unless changed by a state plan amendment.

Cost-sharing imposed upon individuals enrolled in the demonstration may vary across coverage types and by Federal Poverty Level (FPL). However, no co-payments are charged for any individuals or services identified at 42 CFR 447.56(a), including individuals under age 21, pregnant individuals receiving pregnancy-related services, individuals living in an institution or receiving hospice, and American Indian/Alaska Natives who have received or are eligible to receive services through Indian health care provider or through referral under contract health services. Furthermore, co-payments for individuals with income at or less than 50% of the FPL are set to an amount of \$0.

Consistent with 42 CFR 447.55(a), no premiums are charged to any individual enrolled in the demonstration whose gross income is less than 150% of the FPL. Additionally, premiums are not charged for any individuals identified at 42 CFR 447.56(a), including any American Indian/Alaska Natives who receive services through an Indian health care provider or through referral under contract health services. In the event a family group contains at least two members who are eligible for different coverage types and who would otherwise be assessed two different premiums, the family is assessed only the highest applicable premium. Family group will be determined using MassHealth rules for the purposes of assessing premiums as described in STC 4.3.

Consistent with the limitation on Medicaid premiums and cost sharing set forth in 42 CFR 447.56(f), MassHealth premiums and cost sharing incurred by all individuals in the Medicaid or CHIP household do not exceed an aggregate limit of 5% of the family's income on a monthly basis.

Table 1: MassHealth Premiums and Co-payments by Coverage Type		
Coverage Type	MassHealth Premiums (only for persons with family income above 150% FPL)	MassHealth Co-payments
MassHealth Standard/Standard ABP	\$0	All MassHealth co-payments and co-payment caps are specified in the Medicaid state plan
MassHealth CarePlus	\$0	All MassHealth co-payments and co-payment caps are specified in the Medicaid state plan
MassHealth Breast and Cervical Cancer Treatment Program	See Table 2: \$15-\$72 depending on income	All MassHealth co-payments and co-payment caps are specified in the Medicaid state plan

Table 1: MassHealth Premiums and Co-payments by Coverage Type		
Coverage Type	MassHealth Premiums (only for persons with family income above 150% FPL)	MassHealth Co-payments
MassHealth CommonHealth	See Table 3: \$15 and above depending on income and family group size See Table 4: Supplemental Premium Formula for members with TPL	All MassHealth co-payments and co-payment caps are specified in the Medicaid state plan
CommonHealth Children through 300% FPL Children with income above 300% FPL adhere to the regular CommonHealth schedule in Table 3	See Table 5: \$12-\$84 depending on income and family group size	N/A as children are exempt from MassHealth copayments
MassHealth Family Assistance: HIV/AIDS	See Table 6: \$15-\$35 depending on income See Table 7: Supplemental Premium Formula for members with TPL	All MassHealth co-payments and co-payment caps are specified in the Medicaid state plan
MassHealth Family Assistance for children	See Table 5: \$12 - \$28 per child, \$36 - \$84 max per family group depending on income	N/A as children are exempt from MassHealth copayments
All coverage types with TPL	Member is responsible for any premiums required under private insurance but may qualify for MassHealth premium assistance	Member is responsible for any co-payments required under private insurance

Table 2: Breast and Cervical Cancer Treatment Program Premium Schedule	
Percent of FPL	Premium Cost
Above 150 to 160	\$15
Above 160 to 170	\$20
Above 170 to 180	\$25
Above 180 to 190	\$30
Above 190 to 200	\$35
Above 200 to 210	\$40
Above 210 to 220	\$48
Above 220 to 230	\$56
Above 230 to 240	\$64
Above 240 to 250	\$72

Table 3: CommonHealth Full Premium Schedule for Young Adults and Adults above 150% FPL and Children above 300% FPL		
Base Premium	Additional Premium Cost	Range of Premium Cost
Above 150% FPL—start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15 - \$35
Above 200% FPL—start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40 - \$192
Above 400% FPL—start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202 - \$392
Above 600% FPL—start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404 - \$632
Above 800% FPL—start at \$646	Add \$14 for each additional 10% FPL until 1000% FPL	\$646 - \$912
Above 1000% FPL—start at \$928	Add \$16 for each additional 10% FPL	\$928 - greater

Table 4: CommonHealth Supplemental Premium Schedule for young adults, adults and children with income above 300% FPL who have TPL and do not receive MassHealth premium assistance	
% of FPL	Premium requirement
Above 150% to 200%	60% of full premium per listed premium costs above
Above 200% to 400%	65% per above
Above 400% to 600%	70% per above
Above 600% to 800%	75% per above
Above 800% to 1000%	80% above
Above 1000%	85% above

Table 5: Full Premium Formula for CommonHealth Children between 150% and 300% FPL and Family Assistance Children	
% of FPL	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 Premium Billing Family Group (PBFG) maximum)
Above 200% to 250%	\$20 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

Table 6: Family Assistance for HIV+ Adults Premium Formula	
% of FPL	Monthly Premium Cost
Above 150% to 160%	\$15
Above 160% to 170%	\$20
Above 170% to 180%	\$25
Above 180% to 190%	\$30
Above 190% to 200%	\$35

Table 7: Family Assistance for HIV+ Adults Supplemental Premium Formula for members with TPL and who do not receive MassHealth Premium Assistance	
% of FPL	Monthly Premium Cost
Above 150% to 200%	60% of full premium