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 |
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| 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 |
| MassHealth CommonHealth | See Table 3: $15 and above depending on income and family group sizeSee 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% FPLChildren 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 FamilyAssistance: HIV/AIDS | See Table 6: $15-$35 depending on incomeSee 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 FamilyAssistance 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 |

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| 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 |
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| 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 |

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| 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 |

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| **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 |

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| **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 |

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| **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 |