# ATTACHMENT B 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 delivery systems, coverage types and by FPL. However, no co-payments are charged for any benefits rendered to individuals under age 21, pregnant women, individuals living in an institution or receiving hospice, and American Indian/Alaska Natives who receive services through an IHS, tribal 638 or the IHS/tribal Purchased and Referred Care program. Additionally, no premiums are charged to any individual enrolled in the demonstration whose gross income is less than 150 percent of the FPL, or to any American Indian/Alaska Natives who receive services through an IHS, tribal 638 or the IHS/tribal Purchased and Referred Care program. 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 shall be assessed only the highest applicable premium. Family group will be determined using MassHealth rules for the purposes of assessing premiums as described in STC 20.

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| **Demonstration Program** | **Premiums**  **(only for persons with family income above 150 percent of the FPL)** | **Co-payments** |
| MassHealth Standard/Standard ABP | $0 | All co-payments and co-payment caps are specified in the Medicaid state plan. |
| MassHealth CarePlus | $0 | MassHealth Standard co-payments apply. |
| MassHealth Breast and Cervical Cancer Treatment Program | $15-$72 depending on income | MassHealth Standard co-payments apply. |
| MassHealth CommonHealth | $15 and above depending on income and family group size | MassHealth Standard co-payments apply. |
| CommonHealth Children through 300% FPL  Children with income above 300% FPL adhere to the regular CommonHealth schedule | $12-$84 depending on income and family group size | MassHealth Standard co-payments apply. |

**ATTACHMENT B**

**COST SHARING**

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| MassHealth Family  Assistance: HIV/AIDS | $15-$35 depending on income | MassHealth Standard co-payments apply. |
| MassHealth Family  Assistance: Premium Assistance | $12 per child, $36 max per family group | Member is responsible for all co-payments  required under private insurance with a cost sharing limit of 5 percent of family income |

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| MassHealth Family Assistance: Direct Coverage | $12 per child, $36 max per family group | Children only-no copayments. |

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| **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 |

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| **CommonHealth Full Premium Schedule** | | |
| **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 |

\*A lower premium is required of CommonHealth members who have access to other health insurance per the schedule below.

**ATTACHMENT B**

**COST SHARING**

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| **CommonHealth Supplemental Premium Schedule** | |
| **% 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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| **Small Business Employee Premium Assistance\* (effective January 1,** | **% of FPL** | **Premium Requirement for Individual** | **Premium Requirement for Couples** |
| **Small Business Employee Premium Assistance\*** provides premium assistance to certain employees who work for a small employer | Above 150% to 200% | $40.00 | $80.00 |
| Above 200% to 250% | $78.00 | $156.00 |
| Above 250% to 300% | $118.00 | $236.00 |

* Premium requirements for individuals participating in the Small Business Employee Premium Assistance program are tied to the state affordability schedule, as reflected in the minimum premium requirement for individuals enrolled in QHP Wrap coverage through the Health Connector. The premium amounts listed in this table reflect the 2013 state affordability schedule and are subject to change without any amendment to the demonstration.