

Final CMS Rule-Medicaid Cost Sharing

	Income at or under 100% Federal Poverty Level	Income between 101 to 150% Federal Poverty Level	Income above 150% of the federal poverty level
Outpatient Services (Physician visit, physical therapy etc)	Up to \$4 Federal Maximum	10% of cost to state	20% of cost to the state for the entire stay
Inpatient Services	Up to \$75 Federal Maximum	10% of total cost to the state for the entire stay.	20% of the total cost to the state for the entire stay
Emergency Services	Not allowed	Not allowed	Not allowed
Non-Emergency Use of ER	Up to \$8 Federal Maximum	Up to \$8 Federal Maximum allowed	No limit on cost-sharing imposed
Prescription Drugs	Up to \$4 on preferred formulary Up to \$8 Non-Preferred	Up to \$4 preferred formulary Up to \$8 Non-preferred	Up to \$4 preferred formulary. Up to 20% of cost to state for Non-preferred
Premiums	Not allowed	Not allowed	Pregnant women, infants (subject to aggregate limit of 5% of family income), working disabled (sliding scale), Family Opportunity Act Children with Disabilities (sliding scale), medically needy (sliding scale-max amount \$20)
FPL for Family of Four	100% FPL \$23,550 a year	133% FPL \$31,321.50 a year	150% FPL \$35,325.00
FPL for Single Individual	100% FPL \$11,490	133% FPL \$15,281.70	150% FPL \$17,235.00