

Proposed Modifications to Cost Sharing Table in Paragraph 22 of the STCs

ATTACHMENT C: Premiums and Co-payments for the **Waiver Expansion Populations**

Population	Premiums	Deductibles	Co-Payments*
Underinsured children not otherwise eligible for Medicaid 186-225% FPL 226-300% FPL		\$0	\$0
	\$15/month/family		
	\$20/month/family		
Adults			Traditional Medicaid populations: Nominal co-payments
Pregnant Women 186-200%	\$15/month/family	\$0	\$0
<p align="center">Adults</p> <p align="center"> VHAP 50-75% FPL VHAP 76-100% FPL VHAP 101-150% FPL VHAP 150-185% FPL </p>	<p align="center">\$0</p> <p align="center"> \$7/month \$25/month \$33/month \$49/month </p>		<p>Prescriptions*, Durable Medical Equipment and Medical Supplies:*</p> <ul style="list-style-type: none"> • \$1.00: for prescriptions \$29.99 or less less than \$30.00 • \$2.00: for prescriptions between \$30.00 to \$49.99 \$30.00 or more but less than \$50.00 • \$3.00: for prescriptions \$50.00 or more <p>\$3.00 per dental visit**</p> <p>\$3.00 per day per hospital for outpatient services</p> <p>\$75 per inpatient hospital admission</p> <p>VHAP population: \$25/emergency room visit; no charge if admitted</p> <p>VHAP at or above 100% of FPL</p> <ul style="list-style-type: none"> • \$1.00 for prescriptions \$29.99 or less • \$2.00 for prescriptions above \$30.00 <p>*not applicable for VHAP below 100 percent of FPL</p> <p>**dental is not a VHAP covered service</p>
<p align="center">HCBS (TBI, MI under 22, and MR/DD)</p>	\$0	\$0	\$0

Population	Premiums	Deductibles	Co-Payments*
Medicare beneficiaries income at or below 150 percent of the FPL, not otherwise categorically eligible and non-Medicare individuals who are 65 years or older or have a disability	\$15/month	\$0	\$0 Prescriptions, <ul style="list-style-type: none"> • \$1.00: less than \$30.00 • \$2.00: \$30.00 or more
Medicare beneficiaries with income above 150 percent and at or below 175 percent of the FPL not otherwise categorically eligible and non-Medicare individuals who are 65 years or older or have a disability	\$20/month	\$0	\$0 Prescriptions, <ul style="list-style-type: none"> • \$1.00: less than \$30.00 • \$2.00: \$30.00 or more
Medicare beneficiaries with income above 175 percent and at or below 225 percent of the FPL not otherwise categorically eligible and non-Medicare individuals who are 65 years or older or have a disability	\$50/month	\$0	\$0 Prescriptions, <ul style="list-style-type: none"> • \$1.00: less than \$30.00 • \$2.00: \$30.00 or more
Individuals with persistent mental illness with income up to 150 percent of FPL	\$0	\$0	\$0

Co-payments do not apply to **excluded populations** (e.g., children under age 21, pregnant women or individuals in long-term care facilities) or **excluded services/supplies** (e.g., family planning).

For the most current listing of cost sharing obligations, please refer to the Vermont approved title XIX State plan and Vermont rules and policies.