

Revision:

ATTACHMENT 4.18-A

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OMB NO:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

A. The following charges are imposed on the categorically needy for services:

Service	Type of Charge			Amount/Basis for Determination
	Deductible	Coinsurance	Copayment	
Pharmacy			X	\$1.00 for prescription drugs costing* less than \$30.00. Copayment is based on average state payment of \$12.62 per claim (as of 06/12).
			X	\$2.00 for prescription drugs costing* \$30.00 or more but less than \$50.00.
			X	\$3.00 for prescription drugs costing* \$50.00 or more.
Outpatient			X	\$3 per day per hospital. Copayment is based on average state payment of \$243.64 per outpatient claim (as of 12/11).
Dental			X	\$3.00 per provider per date of service. Copayment is based on average state payment of \$138.29 per claim (as of 12/11)

*Cost refers to the amount of reimbursement.

TN No.: 13-019

Effective Date: 7/1/13

Supersedes

TN No.: 12-009

Approval Date: 9/13/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge		Copoly.	Amount and Basis for Determination
	Deduct.	Coins.		
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TN No. 13-019

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TN No. 12-009Effective Date: 7/1/13Approval Date: 9/13/13