



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IN - 15 - 0004

Expiration date: 10/31/2014

## Cost Sharing Amounts - Categorically Needy Individuals G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

### Services or Items with the Same Cost Sharing Amount for All Incomes

	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	
+			<input type="text" value="\$"/>	<input type="text" value=""/>		X

### Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	\$27/month	FPL	0.50	<input type="text" value="\$"/>	<input type="text" value="Trip"/>	Copayment amount charged is based on the reimbursement amount.	X

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	\$27/month	FPL	1.00	<input type="text" value="\$"/>	<input type="text" value="Trip"/>	Copayment amount charged is based on the reimbursement amount.	X

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	\$27/month	FPL	2.00	<input type="text" value="\$"/>	<input type="text" value="Trip"/>	Copayment amount charged is based on the reimbursement amount.	X

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	
+	\$27/month	FPL	3.00	<input type="text" value="\$"/>	<input type="text" value="Prescription"/>	Copayment charged for each covered drug dispensed.	X



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Add Service or Item

## Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No ▾

## Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No ▾

### PRA Disclosure Statement

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