Table 1. Premium and Cost-Sharing Requirements and Enforcement Mechanisms for Approved Section 1115 WaiversCovering those 101-138% of FPL

State	Premiums 50-100% FPL	Premiums 101-138% FPL	Cost-sharing¹ 50 -100% FPL	Cost-sharing 101-138% FPL	Enforcement Mechanisms
Arkansas Approved, Implemented	None		\$5/month to HSA	Monthly contributions to HSAs: \$10 for 100-115%; \$17.50 for 116-129% FPL; \$25 for 130- 133% FPL.	Enrollees will be responsible for copays at time of service: can be denied medical services if not paid.
Indiana Approved, Implemented	2% HHI or \$1, whichever is greater	2% of HHI	HIP Plus Copayments: \$8 for non-emergent use of ED HIP Basic Copayments: Preventive Services: \$0; Outpatient Services: \$4; Inpatient Services: \$75; Preferred Drugs: \$4; Non- preferred drugs: \$8; Non-emergent ED use: \$8 for 1st visit, \$25 for subsequent visits		Disenrollment after 60 days of premium non-payment and a 6-month lock from re- enrolling
lowa Approved, Implemented	\$5/month	\$10/month, can be waived with healthy behavior	5% of quarterly HHI, including premiums; \$8 co-pay for non- emergency use of ED		Disenrollment for premium non-payment
Michigan Approved, Implemented	None	2% of HHI	\$50 for inpatient stay; \$3 for non-emergent use of ED, brand- name drugs, dental visit, hearing aid; \$2 for physician, podiatry, vision; \$1 for outpatient hospital, chiropractic, generic drug.		None
New Hampshire Approved, Not Implemented	None		Enrollees will be enrolled into QHP silver plans and will be required to meet the cost sharing requirements of those plans. AV for 50- 100% FPL = 100%; AV for 101-138% FPL = 94%.		None
Pennsylvania Approved, Implemented Standard Medicaid program	None	2% of HHI	Copayments at state plan amounts will continue for this population.	\$8 copay for non-emergency use of ED. Cost sharing and premiums will be capped at 5% HHI.	Disenrollment after 90 days of premium non-payment
Montana, Approved, Implemented	2% of HHI		Non-emergent use of ED: \$8; inpatient stay, including behavioral health: \$75; \$4 for physician services; preferred Rx: \$4; non-preferred Rx: \$8	10% of state's payment for inpatient, outpatient services; \$8 for non-emergent use of ED; preferred Rx: \$4; non-preferred Rx: \$8	Disenrolled after 90 days of premium non-payment; re- enrollment after payment or assessment via state income taxes



Table 2. Premium and Cost-Sharing Requirements and Enforcement Mechanisms for Proposed Section 1115 Waivers

State	Premiums	Premiums	Cost-sharing ¹	Cost-sharing	Enforcement
	50-100% FPL	101-138% FPL	50 -100% FPL	101-138% FPL	
Arizona² Not Approved or Implemented	None	\$25 or 2% of HHI, whichever is less income	 \$25 for non-emergent ED use if 20 miles from other healthcare provider; otherwise, \$8 for first time, \$25 for subsequent visits (if not admitted); co-pays for missed appointments 	\$25 non-emergent ED use, if not admitted; copays for missed appointments	Those 100-138% FPL disenrolled and locked out of Medicaid for 6 months for non-payment of copays and premiums; imposes 5 year-lifetime limit for Medicaid services for able- bodied adults
Utah Not Approved or Implemented	None	\$15/month for a single adult + \$10/month for each adult family member Pilot program: \$10/month for single adult + \$5 for each additional family member	0-40% FPL: \$8 for non- preferred drugs and non- emergent use of ED 41-100% FPL: \$4 outpatient services and prescriptions; \$8 for non-preferred drugs, non- emergent use of ED;	 \$8 co-pay for non-emergent use of ED; 10% of state's payment for services Pilot program: \$50 copay for non-emergent use of ED (pilot program); up to 10% 	None

¹ All premiums and cost-sharing are capped at the federal limit of 5% of HHI. ² Arizona, under Governor Jan Brewer, expanded without a waiver in 2014. Newly-elected Gov. Ducey is now seeking Section 1115 waiver for this population.

