ENROLLMENT FEES AND COPAYMENTS

300 ENROLLMENT FEES AND COPAYMENTS

310 ANNUAL ENROLLMENT FEES AND DUE DATE

310.1 For eligible children, the following annual enrollment fees shall be due prior to enrollment in the Children's Basic Health Plan:

A. For families with income, at the time of eligibility determination, less than 151% of the federal poverty level, the annual enrollment fee shall be waived.

B. For families with income, at the time of eligibility determination, between 151% and ~~200~~250% of the federal poverty, the annual enrollment fee shall be:

1. Twenty-five dollars for a single eligible child; and

2. Thirty-five dollars for two or more eligible children.

3. Waived for families who include an eligible pregnant woman.

310.2 If the required enrollment fee is not received with the application for the Children's Basic Health Plan, the Department or its designee shall notify the applicant:

A. That applicable enrollment fees are a requirement for enrollment;

B. That fees shall be due within thirty (30) days of the date of notification;

C. Of effective date of enrollment if payment is received; and

D. That the application shall be denied if payment is not received by the due date indicated.

310.3 The application shall be denied if payment is not received by the due date indicated on the notification.

310.5 Once enrollment has occurred, the annual enrollment fee is non-refundable.

320 COPAYMENTS

320.1 The following copayments shall be due for enrollees at the time of service:

A. For families with income, at the time of eligibility determination, less than 101% of the federal poverty level, all copayments shall be waived, except for emergency and urgent/after hours care, which shall be three dollars per use.

B. For families with income, at the time of eligibility determination, between 101% and 150% of the federal poverty level, the copayment shall be:

1. Two dollars per office visit;

2. Two dollars per outpatient mental health or substance abuse visit;

3. One dollar per prescription;

DRAFT

4. Two dollars per physical therapy, occupational therapy or speech therapy visit;

5. Two dollars per vision visit;

6. Three dollars per use of emergency care and urgent/after hours care.

C. For families with income, at the time of eligibility determination, between 151% and ~~200~~250% of federal poverty level, the copayment shall be:

1. Five dollars per office visit;

2. Five dollars per outpatient mental health or substance abuse visit;

3. Three dollars per generic prescription;

4. Five dollars per brand name prescription;

5. Five dollars per physical therapy, occupational therapy or speech therapy visit;

6. Five dollars per vision visit;

7. Fifteen dollars per use of emergency care and urgent/after hours care.

330 COST SHARING LIMITATIONS

330.1 American Indians and Alaskan Natives shall be exempt from cost sharing requirements. American Indian shall mean a member of a federally recognized Indian tribe, band, or group, or a descendant in the first or second degree of any such member. Alaskan Native shall mean an Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior.

330.2 The maximum yearly cost sharing requirements for families of enrollees shall be 5% of income.

330.3 No copayments shall apply to preventive services. For the purpose of this section, preventive services shall mean:

A. All healthy newborn and newborn inpatient visits, including routine screening whether provided on an inpatient or outpatient basis;

B. Routine examinations;

C. Laboratory tests;

D. Immunizations and related office visits; and

E. Routine preventive and diagnostic dental services.

340 PREMIUM ASSISTANCE

340.1 Sections 310 Annual enrollment fees and due date, 320 Copayments, 330 Cost sharing limitations shall not apply to the Children's Basic Health Plan premium assistance enrollees.

340.2 A Children's Basic Health Plan premium assistance program enrollee shall be responsible for paying all copayments, coinsurance, premiums, and deductibles required by the employer sponsored insurance plan regardless of any maximum cost-sharing limits established by the Children's Basic Health Plan.

DRAFT

340.3 If a Children's Basic Health Plan premium assistance program enrollee does not agree with the employer sponsored insurance cost sharing requirements, the enrollee shall use the employer sponsored insurance appeals process.

DRAFT