

# **Cost Sharing**

# Premium & Deductible Payments in the Premium Assistance Program

## Premiums & Deductible Payments

Enrollees do not pay a premium (monthly cost) or a one time deductible for health services.

Enrollees may have copayments for some health services, depending on their income level.



# Co-Payments in the Premium Assistance Program

## Co-Payment Obligations

### Enrollees with incomes under 100% FPL

- No cost-sharing obligations

### Enrollees with incomes over 100% FPL

- Charged specific co-payments for certain services (see next slide for list of co-payments)
- For questions about your income level, please call DHHS at 844-275-3447.



## Co-Payments for PAP Enrollees

- No matter which QHP an enrollee selects, the co-payments will be the same.

## Limits on Costs Paid by Enrollees

- There is a limit to your costs each quarter of the year. How much you pay and the limit to your costs depends on your income.
- **PAP enrollees who are pregnant or who are American Indian or Alaskan Native who have ever received a service from the Indian Health Service, tribal health programs, urban Indian clinics or under contract health services referral, are exempt from copayments, no matter their income level.**
- To make sure that DHHS knows that you are either pregnant and/or American Indian/Alaskan Native who fit this criteria, please contact DHHS at 844-275-3447 or go to [www.nheasy.nh.gov](http://www.nheasy.nh.gov)

## PAP Standard Co-Payment Plan Effective as of January 1, 2016

Service	Co-Pay
Primary Care Physician Visit	\$3
Specialty Physician Visit	\$8
Other Medical Professional Visit	\$3
Generic Prescription Drug (primarily Tier 1)	\$4
Preferred Brand Prescription Drugs (primarily Tier 2)	\$8
Non-Preferred Brand Prescription Drugs (primarily Tier 3)	\$8
Specialty Prescription Drugs (primarily Tier 4)	\$8
Behavioral Health Outpatient Visit	\$3
Behavioral Health Inpatient Admission	\$125
Hospital Inpatient Admission	\$125
Imaging (CT/PET Scans, MRIs)	\$35
Durable Medical Equipment	\$0
Lab and Radiology	\$0
Skilled Nursing Facility	\$0
Emergency Room Visit	\$0
Physical Therapy/Occupational Therapy	\$3

# Copayment Tracking



## Tracking Spending

- If you are required to make copayments under your plan, there is a limit to how much you have to pay per quarter (a quarter is every three months of the year).
- This means that the most you are required to pay for copayments during any quarter of the calendar year is \$147.
- Once you pay \$147 in copayments during that quarter, you don't have to pay any more copayments for the rest of the quarter. However, at the beginning of the next quarter, you will have to start paying copayments again until you pay a total of \$147 out of pocket.

## How Quarters Are Counted

Quarter 1: January 1 - March 31;

Quarter 2: April 1 - June 30;

Quarter 3: July 1 - September 30; and

Quarter 4: October 1 - December 31

# Continuation Credits



## Continuation Credits for Marketplace QHPs

- If, during the year, you earn too much to stay in PAP, you may still be able to get health coverage - and help paying for it - through the NH Marketplace available at [www.healthcare.gov](http://www.healthcare.gov)
- If you transition to another plan offered by the same insurance company in the New Hampshire Marketplace, any copayments you paid under your PAP plan will be credited toward copayments or deductibles owed under the Marketplace Plan.