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LEGISLATIVE ACTION

Senate

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House

Floor: 1/AD/2R

06/03/2015 02:09 PM

Senator Bean moved the following:

Senate Amendment

Delete lines 250 - 279

and insert:

(5) COST SHARING.-

(a) Except for enrollees eligible under paragraph (1)(c),
enrollees are assessed monthly premiums based on their modified
adjusted gross income. The maximum monthly premium payments are
set at the following income levels:

1. At or below 22 percent of the federal poverty level: \$3.

2. Greater than 22 percent, but at or below 50 percent, of



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12 the federal poverty level: \$8.

13 3. Greater than 50 percent, but at or below 75 percent, of
14 the federal poverty level: \$15.

15 4. Greater than 75 percent, but at or below 100 percent, of
16 the federal poverty level: \$20.

17 5. Greater than 100 percent of the federal poverty level:
18 \$25.

19 (b) Depending on the products and services selected by the
20 enrollee, the enrollee may also incur additional cost sharing,
21 such as copayments, deductibles, or other out-of-pocket costs.

22 (c) An enrollee may be subject to charges for an
23 inappropriate emergency room visit of up to \$8 for the first
24 visit and up to \$25 for any subsequent visit, based on the
25 enrollee's benefit plan, to discourage inappropriate use of the
26 emergency room.

27 (d) Cumulative annual cost sharing per enrollee may not
28 exceed 5 percent of an enrollee's annual modified adjusted gross
29 income.

30 (e) If, after a 30-day grace period, a full premium payment
31 has not been received, the enrollee shall be transitioned from
32 coverage to inactive status and may not reenroll for a minimum
33 of 6 months, unless a hardship exception has been granted.
34 Enrollees may seek a hardship exception under the Medicaid Fair
35 Hearing Process.

36 (f) Enrollees eligible under paragraph (1) (c) must pay
37 premiums according to the Title XXI state plan amendment and
38 follow disenrollment criteria for noncompliance in accordance
39 with s. 624.91.