

**Children's Buy-In Program  
Premium and Cost Sharing Information**

Children's Buy-In Program Premium Scale	
Family Income Based on FPL	Share of premium costs
>300% FPL – 400% FPL	50% of state premium
>400% FPL – 500% FPL	75% of state premium
>500% FPL and above	100% of state premium

Children's Buy-In Program Monthly Premium Costs			
Household Size	Household Annual Income >300% - 400% FPL	Household Annual Income >400% - 500% FPL	Household Annual Income >500% FPL
2	\$43,710-\$58,279	\$58,280-\$72,849	\$72,850+
3	\$54,930-\$73,239	\$73,240-\$91,549	\$91,550+
4	\$66,150-\$88,199	\$88,200-\$110,249	\$110,250+
5	\$77,370-\$103,159	\$103,160-\$128,949	\$128,950+
6	\$88,590-\$118,119	\$118,120-\$147,649	\$147,650+
7	\$99,810-\$133,079	\$133,080-\$166,349	\$166,350+
<b>Monthly Premium per child</b>	<b>\$290.58</b>	<b>\$435.86</b>	<b>\$581.15</b>

Children's Buy-In Program Summary of Cost Sharing Requirements	
Cost Sharing Description	Cost Sharing Detail
Deductible <sup>1,2</sup>	\$1,600
Deductible and Coinsurance Maximum <sup>2</sup>	\$2,600
Lifetime Benefit Maximum	Unlimited
Inpatient Hospital	20% Coinsurance
Outpatient Hospital	20% Coinsurance
Emergency Room	\$75 Co-pay and 20% Coinsurance (Co-pay waived if admitted)
Urgent Care	\$25 Co-pay
Physical / Occupational / Speech Therapy	20 Visit Limit Per Therapy. \$15 Co-pay Outpatient / 20% Coinsurance Inpatient
Office Visits / Consults	\$15 Co-pay
Pharmacy (Generic / Preferred Brand / Non-Preferred Brand)	\$10/\$22/\$44
Mental Health/Substance Abuse	\$15 Co-pay Outpatient / 20% Coinsurance Inpatient
Ancillary Services (DME, Supplies, Home Health, Ambulance, Miscellaneous Services)	20% Coinsurance
All Other Covered Benefits Not Specifically Listed	20% Coinsurance

Notes:

1. Deductible applies to all services except Office Visits/Consults and Pharmacy.
2. Co-payments do not accrue to the deductible amount or the deductible and coinsurance maximum amount. Co-payments are still required after the deductible and coinsurance maximum amount is satisfied.