

42 C.F.R. § 447.52

Cost sharing.

- (a) *Applicability.* Except as provided in § 447.56(a) (exemptions), the agency may impose cost sharing for any service under the state plan.
- (b) Maximum Allowable Cost Sharing. (1) At State option, cost sharing imposed for any service (other than for drugs and non-emergency services furnished in an emergency department, as described in §§ 447.53 and 447.54 respectively) may be established at or below the amounts shown in the following table (except that the maximum allowable cost sharing for individuals with family income at or below 100 percent of the FPL shall be increased each year, beginning October 1, 2015, by the percentage increase in the medical care component of the CPI-U for the period of September to September of the preceding calendar year, rounded to the next higher 5-cent increment):

| Services | Maximum allowable cost sharing | | |
|---|---|--|--|
| | Individuals with family income ≤100% of the FPL | Individuals with family income 101-150% of the FPL | Individuals with family income >150% of the FPL |
| Outpatient Services (physician visit, physical therapy, etc.) | \$4 | 10% of cost the agency pays | 20% of cost the agency pays. |
| Inpatient Stay | 75 | 10% of total cost the agency pays for the entire stay | 20% of total cost the agency pays for the entire stay. |

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