

26-18-3.5 Copayments by recipients -- Employer sponsored plans.

- (1) The department shall selectively provide for enrollment fees, premiums, deductions, cost sharing or other similar charges to be paid by recipients, their spouses, and parents, within the limitations of federal law and regulation.
- (2)
 - (a) The department shall seek approval under the department's Section 1115 Medicaid waiver to cap enrollment fees for the Primary Care Network Demonstration Project in accordance with Subsection (2)(b).
 - (b) Pursuant to a waiver obtained under Subsection (2)(a), the department shall cap enrollment fees for the primary care network at \$15 per year for those persons who, after July 1, 2003, are eligible to begin receiving General Assistance under Section 35A-3-401.
 - (c) Beginning July 1, 2004, and pursuant to a waiver obtained under Subsection (2)(a), the department shall cap enrollment fees for the primary care network at \$25 per year for those persons who have an income level that is below 50% of the federal poverty level.
- (3) Beginning May 1, 2006, within appropriations by the Legislature and as a means to increase health care coverage among the uninsured, the department shall take steps to promote increased participation in employer sponsored health insurance, including:
 - (a) maximizing the health insurance premium subsidy provided under the state's Primary Care Network Demonstration Project by:
 - (i) ensuring that state funds are matched by federal funds to the greatest extent allowable; and
 - (ii) as the department determines appropriate, seeking federal approval to do one or more of the following:
 - (A) eliminate or otherwise modify the annual enrollment fee;
 - (B) eliminate or otherwise modify the schedule used to determine the level of subsidy provided to an enrollee each year;
 - (C) reduce the maximum number of participants allowable under the subsidy program; or
 - (D) otherwise modify the program in a manner that promotes enrollment in employer sponsored health insurance; and
 - (b) exploring the use of other options, including the development of a waiver under the Medicaid Health Insurance Flexibility Demonstration Initiative or other federal authority.

Amended by Chapter 148, 2006 General Session