

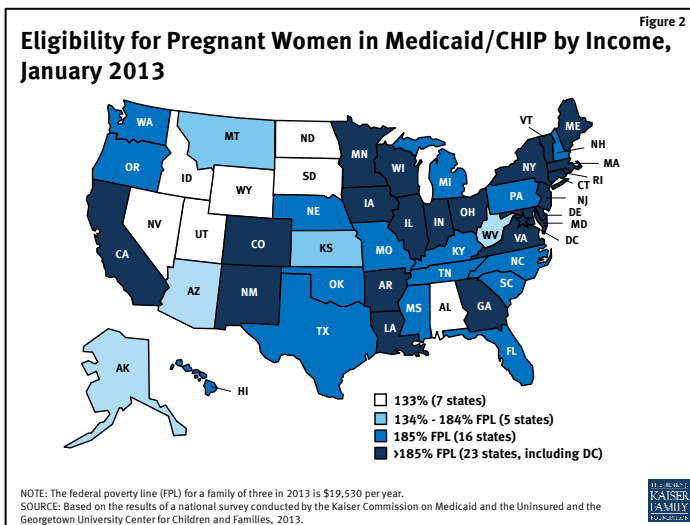
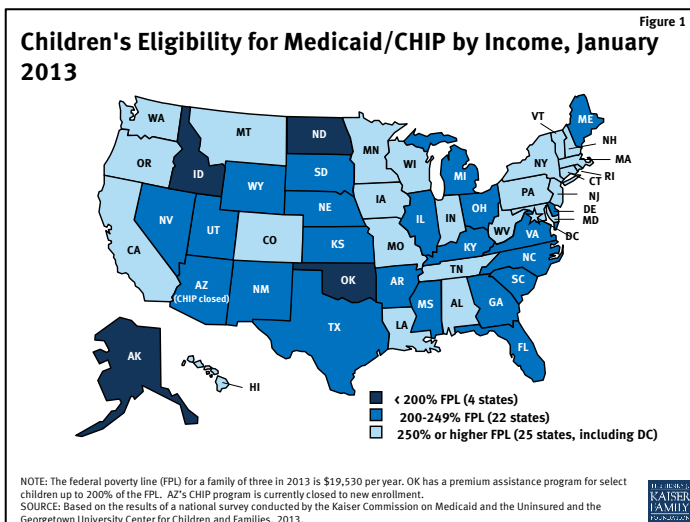
March 2013

**Where are States Today?  
Medicaid and CHIP Eligibility Levels for Children and Non-Disabled Adults**

One of the primary goals of the Affordable Care Act (ACA) is to reduce the number of uninsured by creating a new continuum of coverage options through Medicaid and new health insurance exchange marketplaces that provides assistance to individuals with family incomes up to 400% of the federal poverty level (FPL). The ACA expands Medicaid to 138% FPL (\$15,856 for an individual or \$26,951 for a family of three in 2013) in 2014, which would make millions of adults newly eligible for the program.<sup>1</sup> However, this expansion was effectively made a state option by the Supreme Court. If a state does not expand Medicaid, poor uninsured adults in that state will not gain a new coverage option and will likely remain uninsured. This brief provides an overview of current Medicaid and CHIP eligibility levels for non-disabled children and adults to provide better insight into the impact of the Medicaid expansion.

**The ACA preserves the strong base of Medicaid and CHIP coverage for children.** As of January 2013, half of states (26, including DC) cover children in families with incomes up to at least 250% FPL (Figure 1, Table 1). Only four states limit eligibility to children in families with incomes less than 200% FPL (AK, ID, ND, and OK). Moreover, with the exception of Arizona, CHIP enrollment is open in all states. The ACA preserves this base of children's coverage by requiring states to maintain eligibility and enrollment policies in place at the time the ACA was enacted (March 23, 2010) until September 30, 2019 for children in both Medicaid and CHIP.

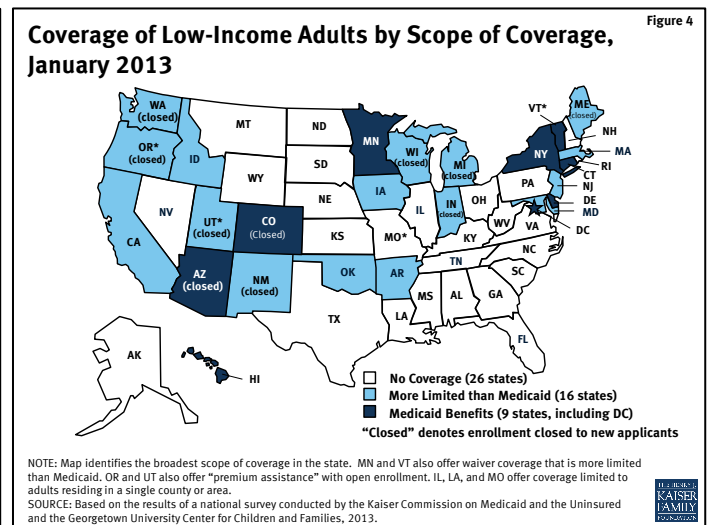
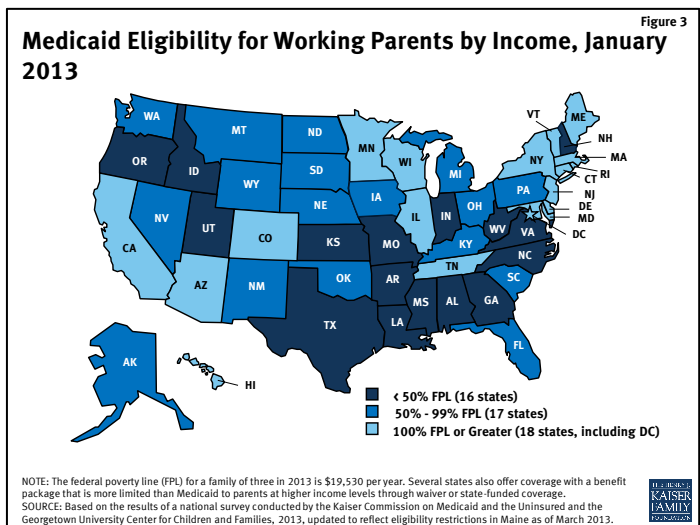
**The Medicaid expansion maintains the existing minimum eligibility level for pregnant women.** Prior to the ACA, states already were required to cover pregnant women in Medicaid to at least 133% FPL. However, most states have expanded beyond this minimum. As of January 2013, 39 states, including DC, have expanded eligibility to pregnant women with incomes at or above 185% FPL (Figure 2, Table 2). States must maintain eligibility and enrollment policies that were in place for pregnant women at the time the ACA was enacted until the new exchange marketplaces are certified in 2014. At that time, states could transition pregnant women with incomes above 133% FPL from Medicaid to coverage in exchange marketplaces.



<sup>1</sup> Under the ACA, the eligibility threshold is 133% FPL, but 5% of an individual's income is disregarded, effectively raising the limit to 138% FPL.

**The Medicaid expansion would significantly increase eligibility for parents in many states.** The federal minimum level at which states must cover parents through Medicaid today is below poverty in every state and below half of poverty in nearly all states. Most states have expanded parent eligibility above this minimum through optional Medicaid authority or waiver programs. However, eligibility for parents still remains very limited. As of January 2013, 33 states limit Medicaid eligibility for parents to less than 100% FPL, with 16 states limiting eligibility to less than half of poverty (Figure 3, Table 3). Moreover, waiver expansion coverage often has more limited benefits and higher cost sharing than Medicaid and can be subject to enrollment caps.

**Potential coverage gains from the Medicaid expansion are even larger for other low-income adults.** Prior to the ACA, states could not receive federal Medicaid matching funds to cover non-disabled adults without dependent children. As such, states could only cover these adults if they obtained a waiver or through a fully state-funded program. Effective April 2010, the ACA gave states flexibility to expand Medicaid to adults to get an early start on the 2014 expansion. Since April 2010, seven states (CA, CT, CO, DC, MN, NJ, and WA) have expanded coverage to adults through the new ACA option or a waiver to prepare for 2014. However, overall, Medicaid coverage for low-income adults remains very limited. As of January 2013, only nine states, including DC, provide full Medicaid coverage to low-income adults, and enrollment is closed in two of these states (Figure 4, Table 3). Sixteen states solely provide more limited coverage to adults, and enrollment is closed in seven of these states.



**States generally must maintain eligibility and enrollment policies that were in place in their Medicaid and waiver programs for parents and other adults at the time the ACA was enacted until 2014.** There is an exception that allows states that cover adults above 133% FPL to reduce eligibility if they are facing a documented budget deficit. To date, Hawaii, Illinois, Maine, and Wisconsin have imposed restrictions under this exception. Currently, nine states (CT, DC, IL, MN, NJ, NY, RI, VT, WI) provide full Medicaid coverage to working parents with incomes above 133% FPL; and ten states (AR, CA, ID, IN, IA, MA, NM, OK, OR, UT) provide more limited coverage to parents with incomes above this level. Only the District of Columbia and Vermont provide full Medicaid coverage to other adults with incomes above 133% FPL, and 13 states (AR, CA, ID, IN, IA, MA, MN, NM, OK, OR, UT, VT, WI) provide more limited coverage to adults above the 133% FPL income limit.

In sum, Medicaid, along with CHIP, provide a strong base of health coverage for low-income children and many pregnant women. However, eligibility for low-income parents and other adults remains very limited. As such, the Medicaid expansion under the ACA will be key for providing a coverage pathway to millions of currently uninsured low-income adults.

**Table 1**  
**Income Eligibility Limits for Children's Health Coverage as a Percent of the Federal Poverty Level (FPL)**  
**January 2013**

State	Upper Income Limit <sup>2</sup>	Medicaid for Infants Ages 0-1 <sup>1</sup>		Medicaid for Children Ages 1-5 <sup>1</sup>		Medicaid for Children Ages 6-19 <sup>1</sup>		Separate CHIP Ages 0-19 <sup>2</sup> (Percent of the FPL)
		Medicaid (Title XIX) Funding	CHIP (Title XXI) Funding	Medicaid (Title XIX) Funding	CHIP (Title XXI) Funding	Medicaid (Title XIX) Funding	CHIP (Title XXI) Funding	
<b>Total</b>								<b>38</b>
Alabama	300%	133%		133%		100%		300%
Alaska	175%	150%	175%	150%	175%	150%	175%	
Arizona <sup>3</sup>	200% (closed)	140%		133%		100%		200% (closed)
Arkansas	200%	133%	200%	133%	200%	100%	200%	
California <sup>4, 5, 6</sup>	250%	200%		133%		100%		250%
Colorado	250%	133%		133%		100%	133%	250%
Connecticut <sup>6</sup>	300%	185%		185%		185%		300%
Delaware	200%	185%	200%	133%		100%		200%
District of Columbia	300%	185%	300%	133%	300%	100%	300%	
Florida <sup>6, 7</sup>	200%	185%	200%	133%		100%		200%
Georgia <sup>8</sup>	235%	185%		133%		100%		235%
Hawaii	300%	185%	300%	133%	300%	100%	300%	
Idaho	185%	133%		133%		100%	133%	185%
Illinois <sup>8, 9</sup>	200% (300%)	133%	200%	133%		100%	133%	200% (300%)
Indiana	250%	200%		133%	150%	100%	150%	250%
Iowa	300%	133%	300%	133%		100%	133%	300%
Kansas <sup>10</sup>	232%	150%		133%		100%		232%
Kentucky	200%	185%		133%	150%	100%	150%	200%
Louisiana	250%	133%	200%	133%	200%	100%	200%	250%
Maine <sup>6, 11</sup>	200%	185%		133%	150%	125%	150%	200%
Maryland	300%	185%	300%	133%	300%	100%	300%	
Massachusetts <sup>6</sup>	300%	185%	200%	133%	150%	114%	150%	300%
Michigan <sup>12</sup>	200%	185%		150%		150%		200%
Minnesota <sup>6, 13</sup>	275%	275%	280%	275%		275%		
Mississippi	200%	185%		133%		100%		200%
Missouri	300%	185%		133%	150%	100%	150%	300%
Montana	250%	133%		133%		100%	133%	250%
Nebraska	200%	150%	200%	133%	200%	100%	200%	
Nevada	200%	133%		133%		100%		200%
New Hampshire <sup>7, 16</sup>	300%	185%	300%	185%	300%	185%	300%	
New Jersey <sup>6</sup>	350%	185%	200%	133%		100%	133%	350%
New Mexico	235%	185%	235%	185%	235%	185%	235%	
New York <sup>6</sup>	400%	200%		133%		100%	133%	400%
North Carolina <sup>6</sup>	200%	185%	200%	133%	200%	100%		200%
North Dakota <sup>4</sup>	160%	133%	100%	133%	100%	100%	100%	160%
Ohio	200%	150%	200%	150%	200%	150%	200%	
Oklahoma	185%	133%	185%	133%	185%	100%	185%	
Oregon <sup>6, 14</sup>	300%	133%		133%		100%		300%
Pennsylvania <sup>6</sup>	300%	185%		133%		100%		300%
Rhode Island <sup>15</sup>	250%	185%	250%	133%	250%	100%	250%	
South Carolina	200%	150%	200%	150%	200%	150%	200%	
South Dakota	200%	133%	140%	133%	140%	100%	140%	200%
Tennessee <sup>6, 16</sup>	250%	185%		133%		100%		250%
Texas	200%	185%		133%		100%		200%
Utah	200%	133%		133%		100%		200%
Vermont <sup>17</sup>	300%	225%		225%		225%		300%
Virginia <sup>18</sup>	200%	133%		133%		100%	133%	200%
Washington <sup>10</sup>	300%	200%		200%		200%		300%
West Virginia	300%	150%		133%		100%		300%
Wisconsin <sup>6</sup>	300%	300%		185%		100%	150%	300%
Wyoming	200%	133%		133%		100%		200%

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2013.

**Table 2**  
**Income Eligibility Limits and Other Features of Health Coverage for Pregnant Women**  
**January 2013**

State	Income Eligibility (Percent of the FPL)	
	Medicaid (Title XIX)	CHIP (Title XXI)
<b>Total</b>	<b>51</b>	<b>6</b>
Alabama	133%	
Alaska	175%	
Arizona	150%	
Arkansas	162%	200%
California	200%	
Colorado	185%	250%
Connecticut	250%	
Delaware	200%	
District of Columbia <sup>8</sup>	185%	300%
Florida	185%	
Georgia	200%	
Hawaii	185%	
Idaho	133%	
Illinois	200%	
Indiana	200%	
Iowa	300%	
Kansas	150%	
Kentucky	185%	
Louisiana	200%	
Maine	200%	
Maryland	250%	
Massachusetts	200%	
Michigan	185%	
Minnesota	275%	
Mississippi	185%	
Missouri	185%	
Montana	150%	
Nebraska	185%	
Nevada	133%	
New Hampshire	185%	
New Jersey	185%	200%
New Mexico	235%	
New York <sup>2</sup>	200%	
North Carolina	185%	
North Dakota	133%	
Ohio	200%	
Oklahoma	185%	
Oregon	185%	
Pennsylvania	185%	
Rhode Island <sup>3</sup>	185%	250% (350%)
South Carolina	185%	
South Dakota	133%	
Tennessee	185%	
Texas	185%	
Utah	133%	
Vermont	200%	
Virginia	133%	200%
Washington	185%	
West Virginia	150%	
Wisconsin	300%	
Wyoming	133%	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2013

**Table 3**  
**Adult Income Eligibility Limits at Application as a Percent of the FPL**  
**(Limits for Working Adults are Calculated Based on a Family of Three for Parents and Based on an Individual for Other Adults)<sup>1</sup>**  
**January 2013**

State	Parents of Dependent Children				Other Adults (Non-Disabled)			
	Medicaid Benefits <sup>2</sup>		More Limited Coverage		Medicaid Benefits <sup>2</sup>		More Limited Coverage	
	Jobless	Working	Jobless	Working	Jobless	Working	Jobless	Working
Alabama	10%	23%						
Alaska	74%	78%						
Arizona <sup>3</sup>	100%	106%			100%	100%		
Arkansas <sup>4</sup>	13%	16%		200%	<i>(closed)</i>	<i>(closed)</i>		200%
California <sup>5</sup>	100%	106%	200%	206%			200%	210%
Colorado <sup>6</sup>	100%	106%			10%	20%		
Connecticut	185%	191%			<i>(closed)</i>	<i>(closed)</i>		
Delaware	100%	120%			55%	70%		
District of Columbia	200%	206%			100%	110%		
Florida	19%	56%			200%	211%		
Georgia	27%	48%						
Hawaii	133%	133%			133%	133%		
Idaho <sup>7</sup>	20%	37%		185%				185%
Illinois <sup>8</sup>	133%	139%						
Indiana <sup>9</sup>	18%	24%	200%	206%			200%	210%
Iowa <sup>10</sup>	27%	80%	200%	250%			<i>(closed)</i>	<i>(closed)</i>
Kansas	25%	31%					200%	250%
Kentucky	33%	57%						
Louisiana <sup>11</sup>	11%	24%						
Maine <sup>12</sup>	133%	133%					100%	100%
Maryland <sup>13</sup>	116%	122%					<i>(closed)</i>	<i>(closed)</i>
Massachusetts <sup>14</sup>	133%	133%	300%	300%			116%	128%
Michigan <sup>15</sup>	37%	64%					300%	300%
Minnesota <sup>16</sup>	37%	64%					35%	45%
Mississippi	215%	215%	275%	275%			<i>(closed)</i>	<i>(closed)</i>
Missouri <sup>17</sup>	23%	29%			75%	75%	200%	200%
Montana	18%	35%						
Nebraska	31%	54%						
Nevada	47%	58%						
New Hampshire	24%	84%						
New Jersey <sup>18</sup>	38%	47%						
New Mexico <sup>19</sup>	200%	200%					23%	23%
New York <sup>20</sup>	<i>(closed &gt; 133%)</i>	<i>(closed &gt; 133%)</i>	200%	408%			200%	414%
North Carolina	28%	85%	<i>(closed)</i>	<i>(closed)</i>			<i>(closed)</i>	<i>(closed)</i>
North Dakota	150%	150%			100%	100%		
Ohio	34%	47%						
Oklahoma <sup>21</sup>	33%	57%						
Oregon <sup>22</sup>	90%	96%						
Pennsylvania	36%	51%		200%				200%
Rhode Island <sup>23</sup>	30%	39%	100%	201%			100%	201%
South Carolina	30%	39%	<i>(closed)</i>	<i>(closed)</i>			<i>(closed)</i>	<i>(closed)</i>
South Dakota	25%	58%						
Tennessee	175%	181%						
Texas	50%	89%						
Utah <sup>24</sup>	50%	50%						
Vermont <sup>25</sup>	67%	122%	150%	200%			150%	200%
Virginia	12%	25%	<i>(closed)</i>		150%	160%	300%	353%
Washington <sup>26</sup>	37%	42%	133%	200%			133%	200%
West Virginia	16%	31%	<i>(closed)</i>	<i>(closed)</i>			<i>(closed)</i>	<i>(closed)</i>
Wisconsin <sup>27</sup>	200%	200%					200%	200%
Wyoming	37%	50%					<i>(closed)</i>	<i>(closed)</i>

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2013, updated to reflect eligibility restrictions in Maine as of March 2013.

## Table Notes

### Table 1 Notes

1. The income eligibility levels noted may refer to gross or net income depending on the state. Income eligibility levels listed include “regular” Medicaid (Title XIX) where states receive “regular” Medicaid matching payments and any CHIP-funded Medicaid expansion program (Title XXI) where the state receives the enhanced CHIP matching payments for these children. To be eligible in the infant category, a child has not yet reached his or her first birthday; to be eligible in the 1-5 category, the child is age one or older, but has not yet reached his or her sixth birthday; and to be eligible in the 6-19 category, the child is age six or older, but has not yet reached his or her 19th birthday.
2. The states noted use federal CHIP funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefit package. They also may impose premiums or other cost-sharing obligations on some or all families with eligible children. These programs typically provide coverage through the child’s 19th birthday.
3. Arizona instituted an enrollment freeze in its CHIP program, KidsCare, on December 21, 2009. The program remains closed to new applicants. The state opened a new program (KidsCare II) on May 1, 2012. In order to be eligible, a child must have family income between 100% and 175% FPL. Enrollment is limited subject to available funding. The program will end on December 31, 2013, and new children will be added until the funding limit is reached.
4. Infants born to mothers in California’s Access for Infants and Mothers (AIM) program are automatically enrolled in CHIP. The income guideline for these infants, through their second birthday, is 300% of the FPL.
5. California is in the process of moving children covered in the separate CHIP program (Healthy Families) into Medicaid (Medi-Cal). The transition began on January 1, 2013, and will continue over the course of 2013 in a phased approach.
6. Connecticut, Florida, Maine, Massachusetts, Minnesota, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Tennessee, and Wisconsin allow families with incomes above the levels shown to buy into Medicaid/CHIP.
7. Florida operates three CHIP-funded separate programs. Healthy Kids covers children ages 5 through 19, as well as younger siblings in some locations; MediKids covers children ages 1 through 4; and the Children’s Medical Service Network serves children with special health care needs from birth through age 18.
8. Infants born to mothers enrolled in Medicaid in Georgia and Illinois are covered up to 200% of the FPL in Medicaid. In Georgia, infants born to non-Medicaid covered mothers are covered to 185% of the FPL. In Illinois, infants born to non-Medicaid covered mothers are covered to 133% of the FPL.
9. Illinois is awaiting approval for federal funding of its state-funded coverage between 200% and 300% of the FPL.
10. Kansas covers children in a separate CHIP program up to 250% of the 2008 FPL or approximately 232% of the 2012 FPL.
11. In Maine, infants born to mothers enrolled in Medicaid are covered up to 200% of the FPL in Medicaid. Infants born to non-Medicaid covered mothers are covered up to 185% of the FPL.
12. In Michigan, coverage for children ages 16 to 18 between 100% and 150% of the FPL is funded through Title XXI.
13. In Minnesota, the infant category under “regular” Medicaid (Title XIX) includes children up to age 2, with income eligibility up to 275% of the FPL. Under CHIP, eligibility for infants is up to 280% of the FPL. Under “regular” Medicaid, income eligibility for children ages 2-19 is up to 150% of the FPL, and under the Section 1115 waiver, income eligibility for children in this age group is up to 275% of the FPL.
14. Oregon covers children through 300% of the FPL.
15. Rhode Island covers children ages 1 to 7 with family incomes up to 133% of the FPL with Title XIX funding, and covers children ages 8 through their 19th birthday with incomes up to 100% of the FPL with Title XIX funding.
16. In Tennessee, Title XXI funds are used for two programs, TennCare Standard and CoverKids (a separate CHIP program). TennCare Standard provides Medicaid coverage to uninsured children who lose eligibility under TennCare (Medicaid), have no access to insurance, and have family income below 200% of the FPL or are medically eligible.
17. In Vermont, Title XIX funding covers uninsured children in families with income at or below 225% of the FPL; uninsured children in families with income between 226% and 300% of the FPL are covered via Title XXI funding under a separate CHIP program. Underinsured children are covered in Medicaid through Title XIX funding up to 300% of the FPL.
18. In Virginia, children age 6-19 with income between 100-133% who have another source of coverage are in regular Medicaid, receiving the regular Medicaid match.

**Table 2 Notes**

1. The unborn child option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage.
2. In New York, women with income between 100% and 200% of the FPL receive less comprehensive benefits.
3. In Rhode Island, coverage for pregnant women with income between 250% and 350% of the FPL is partially state funded and requires premium payments.

**Table 3 Notes**

1. The table takes earning disregards, when applicable, into account when determining income thresholds for working adults. For parents, computations are based on a family of three with one earner; for other adults, computations are based on an individual. In some cases, earnings disregards may be time-limited and only applied for the first few months of coverage; in these cases, eligibility limits for most enrollees would be lower than the levels that appear in this table. States may use additional disregards in determining eligibility. In some states, the income eligibility guidelines vary by region; in this situation, the income guideline in the most populous region is used. "Closed" indicates that the state was not enrolling new adults eligible for coverage into a program at any point between January 1, 2012 and January 1, 2013.
2. This column does not differentiate by coverage authority, only by the scope of the benefit package. States may expand coverage to parents and other adults through Section 1115 waivers that provide full Medicaid benefits or more limited coverage.
3. Arizona froze enrollment in its waiver coverage for childless adults on July 8, 2011.
4. In Arkansas, adults up to 200% FPL are eligible for more limited subsidized coverage under the ARHealthNetworks waiver program; individuals must have income below the eligibility threshold and work for a qualifying, participating employer.
5. California extends coverage for adults through two programs: the Medicaid Coverage Expansion (MCE) up to 133% FPL and the Health Care Coverage Initiative (HCCI) between 133% and 200% FPL. While both coverage options offer more limited benefits than full Medicaid, the MCE benefit package is more comprehensive. Fifty out of 58 counties are participating in MCE; 5 counties are participating in HCCI.
6. Colorado extended Medicaid coverage to a limited number (10,000) of adults with income up to 10% FPL through a waiver as of May 2012.
7. Idaho provides premium assistance to adults up to 185% FPL under a waiver; individuals must have income below the eligibility threshold and work for a qualified small employer.
8. In Illinois, adults with income up to 133% FPL who reside in Cook County are eligible for Medicaid, as of November 2012.
9. In Indiana, adults up to 200% FPL are eligible for limited coverage under the Healthy Indiana waiver program. Enrollment is closed for childless adults.
10. In Iowa, adults up to 200% FPL are eligible for more limited coverage under the IowaCare waiver program.
11. In Louisiana, adults with income up to 200% FPL who reside in Greater New Orleans area are eligible for more limited coverage through the Greater New Orleans Community Health Connection (GNOCHC) 1115 Waiver.
12. Maine received approval of a State Plan Amendment to reduce eligibility for 1931 parents from 200% to 133% FPL in January 2013. The state implemented the cuts on March 1, 2013. Childless adults up to 100% FPL are eligible for more limited coverage under the MaineCare waiver program; enrollment is closed.
13. In Maryland, childless adults are eligible for primary care services under the Primary Adult Care waiver program.
14. In Massachusetts, childless adults who are long-term unemployed or a client of the Department of Mental Health with income below 100% FPL can receive more limited benefits under the MassHealth waiver program through MassHealth Basic or Essential. Additionally, adults up to 300% FPL are eligible for more limited subsidized coverage under the Commonwealth Care waiver program.
15. In Michigan, childless adults are eligible for more limited coverage under the Adult Benefit Waiver program; enrollment is closed.
16. In Minnesota, parents up to 215% FPL receive full Medicaid benefits with the exception of some optional services (e.g., non-emergency transportation, private duty nursing, personal care, orthodontic services, targeted case management) and institutionally-based long-term care services. Parents above 215% FPL and childless adults receive a more limited benefit package that has a \$10,000 annual limit on inpatient hospital care. Minnesota decreased eligibility for childless adults in its 1115 and state-funded coverage from 250% to 200% of the FPL in 2012.

17. In Missouri, adults with income up to 200% FPL who reside in the St. Louis area are eligible for more limited coverage through the Gateway to Better Health 1115 waiver.
18. In New Jersey, parents up to 200% FPL are covered under the FamilyCare waiver program. Waiver enrollment closed in 2010 for parents who do not qualify for Medicaid using an enhanced income disregard. In April 2011, New Jersey obtained a waiver to expand coverage to childless adults who had previously been covered through the state's general assistance program. For those who are unemployable, the limit is \$210 per individual; for those who are employable the limit is \$140 per individual.
19. In New Mexico, adults up to 200% FPL are eligible for more limited subsidized coverage under the State Coverage Insurance waiver program. Individuals must have income below the eligibility threshold and work for a participating employer; if they do not work for a participating employer, they can obtain coverage by paying both the employer and employee share of premium costs. Enrollment is closed.
20. In New York, childless adults up to 78% FPL are eligible for the Medicaid (Home Relief) waiver program and parents up to 150% FPL and childless adults up to 100% FPL are eligible for the Family Health Plus waiver program.
21. In Oklahoma, adults up to 200% FPL are eligible for more limited subsidized coverage under the Insure Oklahoma waiver program. Individuals must have income below eligibility threshold and also work for a small employer, be self-employed, be unemployed and seeking work, be working disabled, be a full-time college student, or be the spouse of a qualified worker.
22. In Oregon, adults up to 100% FPL are eligible for more limited coverage under the OHP Standard waiver program; enrollment in OHP Standard is closed. The state provides premium assistance to adults up to 201% FPL under its Family Health Insurance Assistance Program waiver program. Enrollment in FHIAP is open to children only.
23. In Rhode Island, parents up to 175% FPL are covered under the RiteCare and RiteShare waiver programs.
24. In Utah, adults up to 150% FPL are eligible for coverage of primary care services under the Primary Care Network waiver program; enrollment is closed. The state also provides premium assistance for employer-sponsored coverage to working adults under the Utah Premium Partnership (UPP) Health Insurance waiver program. Eligibility in UPP increased from 150% to 200% in October 2012.
25. In Vermont, 1931 coverage is available up to 77% FPL in urban areas and 73% FPL in rural areas; parents up to 185% FPL and childless adults up to 150% FPL are eligible for the Vermont Health Access Plan waiver program. Additionally, the state offers more limited subsidized coverage to adults up to 300% FPL under its Catamount Health waiver program.
26. In Washington, adults up to 133% FPL are eligible for more limited coverage under the state's Basic Health waiver. Enrollment is closed.
27. In Wisconsin, childless adults up to 200% FPL are eligible for more limited coverage under the BadgerCare Plus Core Plan waiver program. Enrollment for childless adults is closed. In 2012, the state changed its crowd-out policy for parents and adults; if health insurance costs 9.5% or less of income, they are excluded from coverage.

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