## FEDERAL MEDICAID NOTICE OHIO DEPARTMENT OF MEDICAID

Pursuant to 42 CFR 447.57, the director of the Ohio Department of Medicaid (department) gives notice of the department's intent to establish a premium calculation methodology for the new eligibility group described at Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act, and to modify the premium calculation methodology for the eligibility groups described at Section 1902(a)(10)(A)(ii)(XV) and (XVI) of the Act.

The premium is the lesser of 7.5% of the individual's gross monthly income or 10% of the monthly net family income.

Individuals described in Section 1902(a)(10)(A)(ii)(XIII), (XV), and (XVI) of the Act and whose individual gross monthly income is more than 150% of the Federal Poverty Level for a family size of 1 are subject to these premiums.

Written comments regarding these changes may be sent to the Ohio Department of Medicaid, Attn.: Eligibility Policy – Bureau of Health Plan Policy, 50 West Town Street, Fourth Floor, Columbus, Ohio 43215-3414 and may be reviewed at the same location. Comments may also be provided by e-mail at the following address: <a href="mailto:MBIWDQuestions@medicaid.ohio.gov">MBIWDQuestions@medicaid.ohio.gov</a>. Comments must be received by April 30, 2025.

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