

How to use this chart:

- Step 1:** Locate the number of people in your household.
- Step 2:** Find the box that matches your household's annual gross income and age of your children.
- Step 3:** Look down the row to the COST BOX to see your approximate, average monthly cost per child and the co-payments per child, per visit.

Example: A four-person household with an annual income of \$69,840 will have an average monthly premium of \$85 per child, plus any co-pays for services.

INCOME*

household size	Free		Low Cost				Full Cost
	ages 1-5	ages 6- 18	ages 0-1	ages 1- 18	ages 0- 18	ages 0- 18	ages 0- 18
1	\$18,652-\$24,711	\$15,801-\$24,711	\$25,542-\$31,126	\$24,711-\$31,126	\$31,126-\$34,215	\$34,215-\$37,304	\$37,304 - No Limit
2	\$25,152-\$33,322	\$21,307-\$33,322	\$34,443-\$41,973	\$33,322-\$41,973	\$41,973-\$46,138	\$46,138-\$50,303	\$50,303 - No Limit
3	\$31,652-\$41,933	\$26,813-\$41,933	\$43,344-\$52,820	\$41,933-\$52,820	\$52,820-\$58,061	\$58,061-\$63,303	\$63,303 - No Limit
4	\$38,151-\$50,544	\$32,319-\$50,544	\$52,245-\$63,666	\$50,544-\$63,666	\$63,666-\$69,984	\$69,984-\$76,302	\$76,302 - No Limit
5	\$44,651-\$59,156	\$37,826-\$59,156	\$61,146-\$74,513	\$59,156-\$74,513	\$74,513-\$81,908	\$81,908-\$89,302	\$89,302 - No Limit
6	\$51,151-\$67,767	\$43,332-\$67,767	\$70,047-\$85,360	\$67,767-\$85,360	\$85,360-\$93,831	\$93,831-\$102,302	\$102,302 - No Limit
7	\$57,667-\$76,399	\$48,851-\$76,399	\$78,970-\$96,233	\$76,399-\$96,233	\$96,233-\$105,783	\$105,783-\$115,333	\$115,333 - No Limit
8	\$64,198-\$85,052	\$54,384-\$85,052	\$87,914-\$107,132	\$85,052-\$107,132	\$107,132-\$117,764	\$117,764-\$128,395	\$128,395 - No Limit
9	\$70,730-\$93,705	\$59,917-\$93,705	\$96,858-\$118,032	\$93,705-\$118,032	\$118,032-\$129,745	\$129,745-\$141,458	\$141,458 - No Limit
10	\$77,262-\$102,358	\$65,450-\$102,358	\$105,802-\$128,932	\$102,358-\$128,932	\$128,932-\$141,726	\$141,726-\$154,521	\$154,521 - No Limit

COST

average monthly premium per child	\$0	\$0	\$61	\$61	\$85	\$97	\$264
co-payments perchild per visit							
doctor visit	\$0	\$0	\$5	\$5	\$5	\$5	\$15
brand name prescription	\$0	\$0	\$9	\$9	\$9	\$9	\$18
generic prescription	\$0	\$0	\$6	\$6	\$6	\$6	\$10
specialist visits	\$0	\$0	\$10	\$10	\$10	\$10	\$25
emergency room visits**	\$0	\$0	\$25	\$25	\$25	\$25	\$50

* If your income is below any amount listed, your family could be eligible for Medical Assistance. For more details, please call 1-800-986-KIDS.

** Emergency room visit co-pay applies if the child is not admitted for a hospital stay.