

## CHIP Full Income Chart

### 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 appropriate, 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 \$74 per child, plus any co-pays for services.

### INCOME\* (Effective March 1, 2017)

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	\$18,935-\$25,085	\$16,040-\$25,085	\$25,929-\$31,598	\$25,085-\$31,598	\$31,598-\$34,733	\$34,733-\$37,869	\$37,869-No Limit
2	\$25,497-\$33,780	\$21,600-\$33,780	\$34,916-\$42,549	\$33,780-\$42,549	\$42,549-\$46,772	\$46,772-\$50,994	\$50,994-No Limit
3	\$32,060-\$42,474	\$27,159-\$42,474	\$43,903-\$53,501	\$42,474-\$53,501	\$53,501-\$58,810	\$58,810-\$64,119	\$64,119-No Limit
4	\$38,622-\$51,168	\$32,718-\$51,168	\$52,890-\$64,452	\$51,168-\$64,452	\$64,452-\$70,848	\$70,848-\$77,244	\$77,244-No Limit
5	\$45,185-\$59,863	\$38,278-\$59,863	\$61,877-\$75,404	\$59,863-\$75,404	\$75,404-\$82,887	\$82,887-\$90,370	\$90,370-No Limit
6	\$51,748-\$68,557	\$43,837-\$68,557	\$70,864-\$86,356	\$68,557-\$86,356	\$86,356-\$94,925	\$94,925-\$103,495	\$103,495-No Limit
7	\$58,310-\$77,252	\$49,397-\$77,252	\$79,851-\$97,307	\$77,252-\$97,307	\$97,307-\$106,964	\$106,964-\$116,620	\$116,620-No Limit
8	\$64,873-\$85,946	\$54,956-\$85,946	\$88,838-\$108,259	\$85,946-\$108,259	\$108,259-\$119,002	\$119,002-\$129,745	\$129,745-No Limit
9	\$71,435-\$94,640	\$60,515-\$94,640	\$97,825-\$119,210	\$94,640-\$119,210	\$119,210-\$131,040	\$131,040-\$142,870	\$142,870-No Limit
10	\$77,998-\$103,335	\$66,075-\$103,335	\$106,812-\$130,162	\$103,335-\$130,162	\$130,162-\$143,079	\$143,079-\$155,996	\$155,996-No Limit

### COST

average monthly premium per child	\$0	\$0	\$53	\$53	\$74	\$84	\$239
co-payments per child 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 visit	\$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.

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