

## 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 \$60,000 will have an average monthly premium of \$61 per child, plus any co-pays for services.

## INCOME\*

HOUSEHOLD SIZE	Free			Low Cost			Full Cost
	under age 1	ages 1-5	ages 6-18	ages 0-18	ages 0-18	ages 0-18	ages 0-18
1	\$20,147-21,780	\$14,484-21,780	\$10,890-21,780	\$21,781-27,225	\$27,226-29,948	\$29,949-32,670	\$32,671-No Limit
2	\$27,214-29,420	\$19,565-29,420	\$14,710-29,420	\$29,421-36,775	\$36,776-40,453	\$40,454-44,130	\$44,131-NoLimit
3	\$34,281-37,060	\$24,645-37,060	\$18,530-37,060	\$37,061-46,325	\$46,326-50,958	\$50,959-55,590	\$55,591-NoLimit
4	\$41,348-44,700	\$29,726-44,700	\$22,350-44,100	\$44,701-55,875	\$55,876-61,463	\$61,464-67,050	\$67,051-NoLimit
5	\$48,415-52,340	\$34,807-52,340	\$26,170-51,580	\$52,341-65,425	\$65,426-71,968	\$71,969-78,510	\$78,511-NoLimit
6	\$55,482-59,980	\$39,887-59,980	\$29,990-59,980	\$59,981-74,975	\$74,976-82,473	\$82,474-89,970	\$89,971-No Limit
7	\$62,549-67,620	\$44,968-67,620	\$33,810-67,620	\$67,621-84,525	\$84,526-92,978	\$92,979-101,430	\$101,431-No Limit
8	\$69,616-75,260	\$50,048-75,260	\$37,630-75,260	\$75,261-94,075	\$94,076-103,483	\$103,484-112,890	\$112,891-No Limit
9	\$76,683-82,900	\$55,129-82,900	\$41,450-82,900	\$82,901-103,625	\$103,626-113,988	\$113,989-124,350	\$124,351-No Limit
10	\$83,750-90,540	\$60,211-90,540	\$45,270-90,540	\$90,540-113,175	\$113,176-124,493	\$124,494-135,810	\$135,811-No Limit

## COST

AVERAGE MONTHLY PREMIUM PER CHILD	\$0	\$0	\$0	\$43	\$61	\$70	\$195
CO-PAYMENTS PER CHILD PER VISIT							
DOCTOR VISIT	\$0	\$0	\$0	\$5	\$5	\$5	\$15
BRAND NAME PRESCRIPTION	\$0	\$0	\$0	\$9	\$9	\$9	\$18
GENERIC PRESCRIPTION	\$0	\$0	\$0	\$6	\$6	\$6	\$10
SPECIALIST VISITS	\$0	\$0	\$0	\$10	\$10	\$10	\$25
ER VISITS**	\$0	\$0	\$0	\$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.