

## 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 \$67 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	\$20,665-\$22,340	\$14,857-\$22,340	\$11,170-\$22,340	\$22,341-\$27,925	\$27,926-\$30,718	\$30,719-\$33,510	\$33,511-No Limit
2	\$27,991-\$30,260	\$20,123-\$30,260	\$15,130-\$30,260	\$30,261-\$37,825	\$37,826-\$41,608	\$41,609-\$45,390	\$45,391-No Limit
3	\$35,317-\$38,180	\$25,390-\$38,180	\$19,090-\$38,180	\$38,181-\$47,725	\$47,726-\$52,498	\$52,499-\$57,270	\$57,271-No Limit
4	\$42,643-\$46,100	\$30,657-\$46,100	\$23,050-\$46,100	\$46,101-\$57,625	\$57,626-\$63,388	\$63,389-\$69,150	\$69,151-No Limit
5	\$49,969-\$54,020	\$35,924-\$54,020	\$27,010-\$54,020	\$54,021-\$67,525	\$67,526-\$74,278	\$74,279-\$81,030	\$81,031-No Limit
6	\$57,295-\$61,940	\$41,191-\$61,940	\$30,970-\$61,940	\$61,941-\$77,425	\$77,426-\$85,168	\$85,169-\$92,910	\$92,911-No Limit
7	\$64,621-\$69,860	\$46,457-\$69,860	\$34,930-\$69,860	\$69,861-\$87,325	\$87,326-\$96,058	\$96,059-\$104,790	\$104,791-No Limit
8	\$71,947-\$77,780	\$51,724-\$77,780	\$38,890-\$77,780	\$77,781-\$97,225	\$97,226-\$106,948	\$106,949-\$116,670	\$116,671-No Limit
9	\$79,273-\$85,700	\$56,991-\$85,700	\$42,850-\$85,700	\$85,701-\$107,125	\$107,126-\$117,838	\$117,839-\$128,550	\$128,551-No Limit
10	\$86,599-\$93,620	\$62,259-\$93,620	\$46,810-\$93,620	\$93,621-\$117,025	\$117,026-\$128,728	\$128,729-\$140,430	\$140,431-No Limit

### COST

average monthly premium per child	\$0	\$0	\$0	\$48	\$67	\$77	\$200
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.