



"Cover All Kids ... is the right thing to do for our families, for their children and for our collective future." Pennsylvania Governor Edward G. Rendell

CHIP Now Covers All Pennsylvania Kids!

Pennsylvania's Children's Health Insurance Program (CHIP) has grown – not by inches, but by children. CHIP has expanded to cover all uninsured children and teens (up to age 19) regardless of family income. It's the same great program, now available to more families!

Every uninsured child and teen who is not eligible for Medical Assistance now has access to comprehensive health insurance. Many families will not have to pay for CHIP. Families with higher incomes will have low monthly premiums and copays for some services. *(See attached Income Guideline Chart, including premium and co-pay information, for more details).*

For years, CHIP has provided peace of mind to thousands of Pennsylvania families like yours. With CHIP, you're guaranteed access to quality health care for your children – access that may include the doctor your kids see now! What's more, CHIP covers everything from regular check-ups, immunizations and well-baby visits, to emergency care, hospitalizations, prescriptions, vision and dental.

To be eligible* for CHIP, children must

- ✓ be Pennsylvania residents
- ✓ not be eligible for Medical Assistance or other health insurance
- ✓ be under age 19
- ✓ meet citizenship requirements

*** Additional Low-Cost and At-Cost CHIP Eligibility Requirements:**

All new applicants whose annual income falls in the low-cost and at-cost CHIP ranges must also show that the child(ren) has been uninsured for six months, unless the child(ren) is under the age of two, the child(ren) has lost health insurance because a parent lost their job or the child(ren) is moving from another public insurance program. At-cost CHIP families must also show that access to coverage is unavailable and unaffordable.

Families can APPLY NOW by going to the CHIP Web site or calling the CHIP Helpline. Tell your friends, family and co-workers, too!

How to use this chart to find out how much CHIP coverage may cost you:

Step 1: Locate the number of members in your household.

Step 2: Scan the row to find the box that matches your household's annual gross income and age of your children.

Step 3: After locating the box that fits your household's size and income, scan down the column to the Cost Box to determine 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 \$52,000 will have a monthly premium of \$53 per child, plus any co-pays for services.

INCOME BOX *	Free			Low Cost			At Cost
	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income			Annual Income
1	\$18,889 - 20,420	\$13,580 - 20,420	\$10,210 - 20,420	\$20,421 - 25,525	\$25,526 - 28,078	\$28,079 - 30,630	\$30,631 - No Limit
2	\$25,327 - 27,380	\$18,208 - 27,380	\$13,690 - 27,380	\$27,381 - 34,225	\$34,226 - 37,648	\$37,649 - 41,070	\$41,071 - No Limit
3	\$31,765 - 34,340	\$22,837 - 34,340	\$17,170 - 34,340	\$34,341 - 42,925	\$42,926 - 47,218	\$47,219 - 51,510	\$51,511 - No Limit
4	\$38,203 - 41,300	\$27,465 - 41,300	\$20,650 - 41,300	\$41,301 - 51,625	\$51,626 - 56,788	\$56,789 - 61,950	\$61,951 - No Limit
5	\$44,641 - 48,260	\$32,093 - 48,260	\$24,130 - 48,260	\$48,261 - 60,325	\$60,326 - 66,358	\$66,359 - 72,390	\$72,391 - No Limit

COST BOX	Average Premium			Average Premium			Average Premium
	\$0	\$0	\$0	\$38	\$53	\$60	\$150
Average monthly premium, per child	\$0	\$0	\$0	\$38	\$53	\$60	\$150
Co-payments per child, per visit:							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15
Brand Name Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18
Generic Prescriptions	\$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, call 1-800-986-KIDS.

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

To apply, or for more information:

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Effective March 1, 2007

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Household Size	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	
	Annual Income			Annual Income			Annual Income	
6	\$51,079 - 55,220	\$36,722 - 55,220	\$27,610 - 55,220	\$55,221 - 69,025	\$69,026 - 75,928	\$75,929 - 82,830	\$82,831 - No Limit	
7	\$57,517 - 62,180	\$41,350 - 62,180	\$31,090 - 62,180	\$62,181 - 77,725	\$77,726 - 85,498	\$85,499 - 93,270	\$93,271 - No Limit	
8	\$63,955 - 69,140	\$45,979 - 69,140	\$34,570 - 69,140	\$69,141 - 86,425	\$86,426 - 95,068	\$95,069 - 103,710	\$103,711 - No Limit	
9	\$70,393 - 76,100	\$50,608 - 76,100	\$38,050 - 76,100	\$76,101 - 95,125	\$95,126 - 104,638	\$104,639 - 114,150	\$114,151 - No Limit	
10	\$76,831 - 83,060	\$55,237 - 83,060	\$41,530 - 83,060	\$83,061 - 103,825	\$103,826 - 114,208	\$114,209 - 124,590	\$124,591 - No Limit	

COST BOX							
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Co-payments per child, per visit:							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15
Brand Name Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18
Generic Prescriptions	\$0	\$0	\$0	\$6	\$6	\$6	\$10
Specialist Visits	\$0	\$0	\$0	\$10	\$10	\$10	\$25
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	Annual Income			Annual Income			Annual Income	
11	\$83,269 - 90,020	\$59,866 - 90,020	\$45,010 - 90,020	\$90,021 - 112,525	\$112,526 - 123,778	\$123,779 - 135,030	\$135,031 - No Limit	
12	\$89,707 - 96,980	\$64,495 - 96,980	\$48,490 - 96,980	\$96,981 - 121,225	\$121,226 - 133,348	\$133,349 - 145,470	\$145,471 - No Limit	
13	\$96,145 - 103,940	\$69,124 - 103,940	\$51,970 - 103,940	\$103,941 - 129,925	\$129,926 - 142,918	\$142,919 - 155,910	\$155,911 - No Limit	
14	\$102,583 - 117,860	\$73,753 - 110,900	\$55,450 - 110,900	\$110,901 - 138,625	\$138,626 - 152,488	\$152,489 - 166,350	\$166,351 - No Limit	
15	\$109,021 - 117,860	\$78,382 - 117,860	\$58,930 - 117,860	\$117,861 - 147,325	\$147,326 - 162,058	\$162,059 - 176,790	\$176,791 - No Limit	

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Household Size	Annual Income			Annual Income			Annual Income
16	\$115,459 - 124,820	\$83,011 - 124,820	\$62,410 - 124,820	\$124,821 - 156,025	\$156,026 - 171,628	\$171,629 - 187,230	\$187,231 - No Limit
17	\$121,897 - 131,780	\$87,640 - 131,780	\$65,890 - 131,780	\$131,781 - 164,725	\$164,726 - 181,198	\$181,199 - 197,670	\$197,671 - No Limit
18	\$128,335 - 138,740	\$92,269 - 138,740	\$69,370 - 138,740	\$138,741 - 173,425	\$173,426 - 190,768	\$190,769 - 208,110	\$208,111 - No Limit
19	\$134,773 - 145,700	\$96,898 - 145,700	\$72,850 - 145,700	\$145,701 - 182,125	\$182,126 - 200,338	\$200,339 - 218,550	\$218,551 - No Limit
20	\$141,211 - 152,660	\$101,527 - 152,660	\$76,330 - 152,660	\$152,661 - 190,825	\$190,826 - 209,908	\$209,909 - 228,990	\$228,991 - No Limit

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