

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
	Household Size	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
		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	
	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:

www.chipcoverspakids.com

1-800-986-KIDS

Effective March 1, 2007

Commonwealth of Pennsylvania
Edward G. Rendell, Governor

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
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							
Average monthly premium, per child	Average Premium			Average Premium			Average Premium
	\$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:

www.chipcoverspakids.com

1-800-986-KIDS

Effective March 1, 2007

Commonwealth of Pennsylvania
Edward G. Rendell, Governor

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
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	
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	

COST BOX							
Average monthly premium, per child	Average Premium			Average Premium			Average Premium
		\$0	\$0	\$0	\$38	\$53	\$60
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:

www.chipcoverspakids.com

1-800-986-KIDS

Effective March 1, 2007

Commonwealth of Pennsylvania
Edward G. Rendell, Governor

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
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

COST BOX	Average Premium			Average Premium			Average Premium
	\$0	\$0	\$0	\$38	\$53	\$60	\$150
Average monthly premium, per child							
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:

www.chipcoverspakids.com

1-800-986-KIDS

Effective March 1, 2007

Commonwealth of Pennsylvania
Edward G. Rendell, Governor