

CHIP Income Guidelines 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 \$75 per child, plus any co-pays for services.

INCOME* (Effective July 1, 2020)

HOUSEHOLD SIZE	Free		Low Cost				Full Cost ages 0-18
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	
1	\$ 20,034 - \$ 26,541	\$ 16,971 - \$ 26,541	\$ 27,434 - \$ 33,432	\$ 26,541 - \$ 33,432	\$ 33,432 - \$ 36,749	\$ 36,749 - \$ 40,067	\$ 40,067 - No Limit
2	\$ 27,067 - \$ 35,860	\$ 22,930 - \$ 35,860	\$ 37,066 - \$ 45,169	\$ 35,860 - \$ 45,169	\$ 45,169 - \$ 49,652	\$ 49,652 - \$ 54,134	\$ 54,134 - No Limit
3	\$ 34,101 - \$ 45,178	\$ 28,888 - \$ 45,178	\$ 46,698 - \$ 56,907	\$ 45,178 - \$ 56,907	\$ 56,907 - \$ 62,554	\$ 62,554 - \$ 68,201	\$ 68,201 - No Limit
4	\$ 41,134 - \$ 54,496	\$ 34,846 - \$ 54,496	\$ 56,330 - \$ 68,644	\$ 54,496 - \$ 68,644	\$ 68,644 - \$ 75,456	\$ 75,456 - \$ 82,268	\$ 82,268 - No Limit
5	\$ 48,168 - \$ 63,815	\$ 40,805 - \$ 63,815	\$ 65,962 - \$ 80,382	\$ 63,815 - \$ 80,382	\$ 80,382 - \$ 88,359	\$ 88,359 - \$ 96,336	\$ 96,336 - No Limit
6	\$ 55,202 - \$ 73,133	\$ 46,763 - \$ 73,133	\$ 46,763 - \$ 92,120	\$ 73,133 - \$ 92,120	\$ 92,120 - \$ 101,261	\$ 101,261 - \$ 110,403	\$ 110,403 - No Limit
7	\$ 62,235 - \$ 82,452	\$ 52,722 - \$ 82,452	\$ 85,226 - \$ 103,857	\$ 82,452 - \$ 103,857	\$ 103,857 - \$ 114,164	\$ 114,164 - \$ 124,470	\$ 124,470 - No Limit
8	\$ 69,269 - \$ 91,770	\$ 58,680 - \$ 91,770	\$ 94,858 - \$ 115,595	\$ 91,770 - \$ 115,595	\$ 115,595 - \$ 127,066	\$ 127,066 - \$ 138,537	\$ 138,537 - No Limit
9	\$ 76,302 - \$ 101,088	\$ 64,638 - \$ 101,088	\$ 104,490 - \$ 127,332	\$ 101,088 - \$ 127,332	\$ 127,332 - \$ 139,968	\$ 139,968 - \$ 152,604	\$ 152,604 - No Limit
10	\$ 83,336 - \$ 110,407	\$ 70,597 - \$ 110,407	\$ 114,122 - \$ 139,070	\$ 110,407 - \$ 139,070	\$ 139,070 - \$ 152,871	\$ 152,871 - \$ 166,672	\$ 166,672 - No Limit

COST

Average monthly premium per child (Effective July 1, 2020)	Free		Low Cost				Full Cost
	\$0	\$0	\$52	\$52	\$75	\$86	
							\$240

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.

(updated 6/5/2020)