

CHIP Full Income 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 \$74 per child, plus any co-pays for services.

INCOME* (Effective March 1, 2018)

HOUSEHOLD SIZE	Free		Low Cost				Full Cost
	ages 1-5	ages 6-18	ages 0-1	ages 1-18	ages 0-18	ages 0-18	ages 0-18
1	\$19,060-\$25,252	\$16,147-\$25,252	\$26,101-\$31,807	\$25,252-\$31,807	\$31,807-\$34,964	\$34,964-\$38,120	\$38,120-No Limit
2	\$25,843-\$34,237	\$21,892-\$34,237	\$35,389-\$43,126	\$34,237-\$43,126	\$43,126-\$47,405	\$47,405-\$51,685	\$51,685-No Limit
3	\$32,625-\$43,223	\$27,638-\$43,223	\$44,677-\$54,444	\$43,223-\$54,444	\$54,444-\$59,847	\$59,847-\$65,250	\$65,250-No Limit
4	\$39,407-\$52,208	\$33,383-\$52,208	\$53,965-\$65,762	\$52,208-\$65,762	\$65,762-\$72,288	\$72,288-\$78,814	\$78,814-No Limit
5	\$46,190-\$61,194	\$39,129-\$61,194	\$63,253-\$77,081	\$61,194-\$77,081	\$77,081-\$84,730	\$84,730-\$92,379	\$92,379-No Limit
6	\$52,972-\$70,180	\$44,875-\$70,180	\$72,541-\$88,399	\$70,180-\$88,399	\$88,399-\$97,172	\$97,172-\$105,944	\$105,944-No Limit
7	\$59,755-\$79,165	\$50,620-\$79,165	\$81,829-\$99,718	\$79,165-\$99,718	\$99,718-\$109,613	\$109,613-\$119,509	\$119,509-No Limit
8	\$66,537-\$88,151	\$56,366-\$88,151	\$91,117-\$111,036	\$88,151-\$111,036	\$111,036-\$122,055	\$122,055-\$133,074	\$133,074-No Limit
9	\$73,319-\$97,136	\$62,111-\$97,136	\$100,405-\$122,354	\$97,136-\$122,354	\$122,354-\$134,496	\$134,496-\$146,638	\$146,638-No Limit
10	\$80,102-\$106,122	\$67,857-\$106,122	\$109,693-\$133,673	\$106,122-\$133,673	\$133,673-\$146,938	\$146,938-\$160,203	\$160,203-No Limit

COST

	Free		Low Cost				Full Cost
Average monthly premium per child (Effective December 1, 2018)	\$0	\$0	\$53	\$53	\$74	\$84	\$233

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.